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IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

CV 09

5604

UNITED STATES OF AMERICA; AND  
THE STATES OF CALIFORNIA, AND  
NEVADA

*ex rel.* KATHLEEN HAWKINS

Plaintiff and Relator,

v.

CATHOLIC HEALTHCARE WEST,  
itself, and d/b/a  
St. Joseph's Hospital and Medical Center, and  
d/b/a Barrow Neurological Institute, and  
d/b/a Mercy Gilbert Medical Center, and  
d/b/a Chandler Regional Medical Center;  
BAKERSFIELD MEMORIAL HOSPITAL,  
INC.;  
SAINT FRANCIS MEMORIAL HOSPITAL,  
INC.;  
MERCY GENERAL HOSPITAL, INC.;  
COMMUNITY HOSPITAL OF SAN  
BERNADINO, INC.;  
and MARK TWAIN ST. JOSEPH'S  
HEALTHCARE CORPORATION.

Defendants

CIVIL ACTION NO. \_\_\_\_\_

**FILED UNDER SEAL  
PURSUANT TO  
31 U.S.C. § 3730(B)(2)**

**FALSE CLAIMS ACT COMPLAINT**



## INTRODUCTION

1. KATHLEEN HAWKINS ("Relator") brings this action on behalf of the UNITED STATES OF AMERICA against CATHOLIC HEALTHCARE WEST, INC. ("CHW") and its current and former acute care hospitals, for treble damages and civil penalties arising from the Defendants' conduct in violation of the Federal Civil False Claims Act, 31 U.S.C. § 3729, *et seq.* ("FCA"). The violations arise out of requests for payment by Medicare, Medicaid, and other government agencies and programs (hereinafter, collectively the "Government Healthcare Programs") based on false claims.

2. This action is also brought on behalf of the State of California (pursuant to The California False Claims Act, CAL. GOV'T CODE § 12650 *et seq.*) and the State of Nevada (pursuant to The Nevada False Claims Act, NEV. REV. STAT § 357.010 *et seq.*), as well as on behalf of Relator herself for retaliation and wrongful termination under the whistleblower retaliation provisions of the Federal False Claims Act and the California False Claims Act

3. Defendants knowingly failed to be the medical necessity gatekeepers of their own hospital doors, resulting in increased costs to Government Healthcare Programs and putting patients in serious risk of morbidity. In doing so, Defendants:

a. Billed and collected from Government Healthcare Programs for inpatient admissions that lacked medical necessity.

b. Billed and collected from Government Healthcare Programs for Observation charges that were not medically necessary.

c. Encouraged medically unnecessary admission of patients, which resulted in physician "churning," resulting in multiple specialists and diagnostic tests to treat inpatients that were not medically necessary.

d. Knowingly failed to refund payments known to Defendants to be overpayments.

e. Billed and collected from patients' co-payments and deductibles when medical necessity was lacking.

4. Relator is informed and believes that the false claims described herein began at least six (6) years before the filing of Relator's Complaint, and some continue to date.

## FEDERAL JURISDICTION AND VENUE

5. The acts proscribed by 31 U.S.C. §3729 *et seq.* and complained of herein occurred in

1 part in the Northern District of California, and several of the Defendants do business in the Northern  
2 District of California. Therefore, this Court has jurisdiction over this case pursuant to 31 U.S.C. 3732  
3 (a), as well as under 28 U.S.C. § 1345, and 28 U.S.C. § 1331.

4 6. This Court has jurisdiction over this case for the claims brought on behalf of the states  
5 (referenced in paragraph 2) pursuant to 31 U.S.C. §3732(b), inasmuch as recovery is sought on behalf  
6 of said states which arises from the same transactions and occurrences as the claim brought on behalf  
7 of the United States. Moreover, Defendants transact business in said states.

8 7. Venue is proper in this District pursuant to 31 U.S.C. § 3732(a), because one or more  
9 Defendants reside in this District, and one or more Defendants transact business in this District.

10 8. The Court also has personal jurisdiction over the Defendants pursuant to 31 U.S.C. §  
11 3732(a) which authorizes nationwide service of process and because the Defendants can be found in  
12 and transact the business that is the subject matter of this lawsuit in the Northern District of California.

13 9. The facts and circumstances which give rise to Defendants' violation of the False Claims  
14 Act have not been publicly disclosed in a criminal, civil, or administrative hearing, nor in any  
15 congressional, administrative, or General Accounting Office report, hearing, audit, or investigation, nor  
16 in the news media.

17 10. Relator is the original source of the information upon which this complaint is based, as  
18 that phrase is used in the False Claims Act and other laws at issue herein.

19  
20 **PARTIES**

21 11. Relator, Kathleen Hawkins is a resident of the State of California.

22 12. Defendant CATHOLIC HEALTHCARE WEST, INC. ("CHW") is a California  
23 corporation with its principal place of business located in San Francisco, CA. CHW is also doing  
24 business as St. Joseph's Hospital and Medical Center, Barrow Neurological Institute, Mercy Gilbert  
25 Medical Center, and Chandler Regional Medical Center, all of which are Acute Care Hospital facilities  
26 located in Arizona. These Arizona facilities, all operating under the CHW corporate umbrella, are  
27 hereafter referred to collectively as "CHW-Arizona Facilities."

28 13. The following Defendants are intended to include all other hospital subsidiaries (or

otherwise) of CHW:

- a. Defendant BAKERSFIELD MEMORIAL HOSPITAL, INC. is a California Corporation with its principal place of business located in Bakersfield, CA.
- b. Defendant, SAINT FRANCIS MEMORIAL HOSPITAL, INC., is a California Corporation with its principal place of business located in San Francisco, CA.
- c. Defendant, MERCY GENERAL HOSPITAL, INC., is a California corporation with its principal place of business located in Sacramento, CA.
- d. Defendant, COMMUNITY HOSPITAL OF SAN BERNADINO, INC., is a California corporation with its principal place of business located in San Bernadino, CA.
- e. Defendant, MARK TWAIN ST. JOSEPH'S HEALTHCARE CORP., d/b/a Mark Twain St. Joseph's Hospital, a California corporation with its principal place of business located in San Andreas, CA.

14. CHW also owns/operates currently and/or owned/operated additional hospitals during the relevant time period, including but not limited to: Sequoia Hospital 170 Alameda de las Pulgas, Redwood City, CA 94062; Oak Valley Hospital 350 South Oak Ave., Oakdale, CA 95361; Dominical Hospital 1555 Soquel Dr., Santa Cruz, CA 95065 and Glendale Memorial Hospital and Health Center, 1420 South Central Avenue, Glendale, CA 91204.

15. At all times relevant hereto, Defendants acted through their agents and employees and the acts of Defendants' agents and employees were within the scope of their agency and employment. The policies and practices alleged in this complaint were, on information and belief, set or ratified at the highest corporate levels of Defendants.

#### **THE FALSE CLAIMS ACT**

16. The False Claims Act provides, in pertinent part that:

(a) Any person who (1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; (2) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government;

\* \* \*

is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the act of that

1 person.

2 31 U.S.C. § 3729.

3 17. The False Claims Act is the government's primary tool to recover losses due to fraud  
4 and abuse by those seeking payment from the United States. *See* S. Rep. No. 345, 99 Cong., 2nd  
5 Sess. at 2 (1986) *reprinted in* 1986 U.S.C.C.A.N 5266.

## 6 7 **GOVERNMENT HEALTHCARE PROGRAMS REIMBURSEMENT**

### 8 **Medicare**

9 18. Medicare Part A covers the cost of hospital services and related care, and reimburses  
10 hospitals for services provided to its beneficiaries by means of a prospective payment system  
11 ("PPS").

12 19. Under the PPS, Medicare pays a fixed amount of money for hospital admissions of  
13 Medicare beneficiaries determined by the Diagnostic Related Group (DRG) into which the  
14 beneficiaries fall. This means that a pre-determined, fixed and set all or nothing Medicare payment  
15 is made to hospitals based on the DRG assigned to the specific beneficiary so long as the hospital  
16 admission is medically necessary.\_\_\_\_

17 20. The Medicare program assigns DRG's a particular weight by which a uniform  
18 federal rate is multiplied. The more complicated and costlier the treatment is, the greater the weight  
19 to be assigned to that particular DRG. Under the PPS, to calculate the final DRG prospective  
20 payment rate for a patient discharged, the Secretary of Health and Human Services takes the federal  
21 rate, adjusted according to a locality-based wage index, and then multiplies it by the weight  
22 assigned to the patient's DRG. By statutory mandate, the Secretary must publish the weights and  
23 values that are to be factored into the prospective payment calculus before each fiscal year. *See* 42  
24 U.S.C. § 1395ww(d)(6).

25 21. Medicare payments for inpatient hospital services are determined by the claims  
26 submitted by the provider for particular patient discharges (specifically listed on UB-92s) during the  
27 course of the fiscal year. On the Hospital Cost Report, the Medicare liability for inpatient services  
28 is then totaled with any other Medicare liabilities to the provider. This total determines Medicare's

1 true liability for services rendered to Medicare beneficiaries during the course of a fiscal year. From  
2 this sum, the payments made to the provider during the year are subtracted to determine the amount  
3 due the Medicare program or the amount due the provider.

#### 4 **Medicaid**

5 22. Medicaid was also created in 1965 under Title XIX of the Social Security Act.  
6 Funding for Medicaid is shared between the Federal Government and those states participating in  
7 the program. Thus, under Title XIX of the Social Security Act ("Medicaid"), 42 U.S.C. § 1396 et  
8 seq., federal money is distributed to the states, which in turn provide certain medical services to the  
9 poor.

10 23. Federal Medicaid regulations require each state to designate a single state agency  
11 responsible for the Medicaid program. The agency must create and implement a “plan for medical  
12 assistance” that is consistent with Title XIX and with the regulations of the Secretary of the United  
13 States Department of Health and Human Services ("the Secretary"). After the Secretary approves  
14 the plan submitted by the State, the state is entitled each quarter to be reimbursed for a percentage  
15 of its expenditures made in providing specific types of “medical assistance” under the plan. 42  
16 U.S.C. § 1396b(a)(1). This reimbursement is called “federal financial participation” (“FFP”).

17 24. Medicaid generally follows Medicare as to the medical necessity of inpatient  
18 admissions, utilization review, etcetera, in all material respects.

#### 20 **TRICARE**

21 25. TRICARE is the component agency of the U.S. Department of Defense that  
22 administers and supervises the health care program for certain military personnel and their  
23 dependents.

24 26. TRICARE contracts with a fiscal intermediary that receives, adjudicates, processes  
25 and pays health care claims submitted to it by TRICARE beneficiaries or providers. The funds used  
26 to pay the TRICARE claims are government funds.

27 27. TRICARE assigns a “provider number” to suppliers who wish to participate in the  
28 program. In order to obtain reimbursement for services, the suppliers bill an insurance carrier

1 designated by TRICARE, which insurance carrier in turn ultimately receives payment by funds from  
2 the United States.

3 28. An explicit tenet of the TRICARE system is that its DRG-based payment system is  
4 modeled on the Medicare PPS, and that, whenever practical, the TRICARE system will follow the  
5 same rules that apply to the Medicare PPS. See Civilian Health And Medical Program Of the  
6 Uniformed Services; Fiscal Year 2004 Diagnosis-Related Group Updates, 68 Fed. Reg. 206, 60970.

## 7 8 **MEDICARE LAW AND REGULATIONS**

### 9 **Medical Necessity**

10 29. In addition to compliance with other national or local coverage criteria, Medicare  
11 requires as a condition of coverage that services be reasonable and medically necessary. 42 U.S.C. §  
12 1395y(a)(1)(A).

13 30. Providers must provide economical medical services and then provide such services only  
14 where medically necessary. 42 U.S.C. § 1320c-(a)(1).

15 31. Providers must provide evidence that the service is medically necessary as appropriate.  
16 42 U.S.C. § 1320c -5(a)(3).

17 32. Providers must ensure that services provided are not substantially in excess of the needs  
18 of such patients. 42 U.S.C § 1320a-7(b)(6)&(8).

### 19 20 **Utilization Review**

21 33. The law imposes specific and extensive obligations on all providers (including hospitals)  
22 for assuring that services are medically necessary and supported by evidence of medical necessity. 42  
23 U.S.C. § 1395x(k) requires that hospitals have a utilization review plan that at minimum contains the  
24 following four elements:

25 1. Review, on a sample or other basis, of admissions to the institution, the  
26 duration of stays therein, and the professional services (including drugs and biologicals)  
27 furnished (A) with respect to the medical necessity of the services, and (B) for the  
28 purpose of promoting the most efficient use of available health facilities and services.

2. Review to be made by a committee composed of two or more physicians, with  
or without participation of other professional personnel.

3. Review, in each case of inpatient hospital services or extended care services

1 furnished to such an individual during a continuous period of extended duration, as may  
2 be specified in regulations.

3 4. Prompt notification to the institution, the individual, and his attending  
4 physician of any finding (made after opportunity for consultation to such attending  
5 physician) by the physician members of such committee or group that any further stay  
6 in the institution is not medically necessary.

7 34. Reviews may be conducted on a sample basis, except that the utilization review  
8 committee must review all cases reasonably assumed by the hospital to be outlier cases because the  
9 extended length of stay exceeds the threshold criteria for the diagnosis. 42 C.F.R. §§ 482.30(c) and (e).  
10 Federal regulations detail the requirements further in 42 CFR § 482.30 entitled "Conditions of  
11 Participation: Utilization Review."

12 35. 42 C.F.R. §489.230 permits the hospital to have an agreement with a quality  
13 improvement organization (QIO) to perform utilization review. Most hospitals comply with the UR  
14 requirement by means of an agreement with the QIO, and if so, the regulation at 42 CFR 489.230(e)  
15 requires a hospital to maintain an agreement with a QIO to review admission, quality, appropriateness  
16 and diagnostic information. In this case, there must be a signed and dated agreement.

17 36. Hospitals frequently use "level of care criteria" as an objective tool to help make  
18 decisions regarding whether an individual's condition is severe enough, or the services provided are  
19 intense enough, to be admitted to a specific level of care. One respected product is called "InterQual,"  
20 a specific utilization review screening criteria product published by the Payor division of McKesson.  
21 Other screening criteria sets used to evaluate admission appropriateness are, for example, Milliman  
22 Care Guidelines and MCAP Clinical Review Criteria.

### 23 **Inpatient Versus Outpatient Determination**

24 37. There are ample Medicare regulations explaining when inpatient admission is  
25 appropriate versus outpatient care. An inpatient requires definitive and a high level of care.  
26 Medicare Benefit Policy Manual (CMS Pub. 100-2), ch. 1, § 10 provides:

27 An inpatient is a person who has been admitted to a hospital for bed occupancy for  
28 purposes of receiving inpatient hospital services. Generally, a patient is considered  
an inpatient if formally admitted as an inpatient with the expectation that he or she  
will remain at least overnight and occupy a bed even though it later develops that the  
patient can be discharged or transferred to another hospital and not actually use a  
hospital bed overnight.



1  
2 38. CMS identifies procedures that are typically provided only in an inpatient setting, and  
3 therefore would not be paid by Medicare under the Outpatient Prospective Payment System(OPPS).  
4 These procedures comprise what is referred to as the "inpatient only list." The inpatient only list  
5 specifies those services that will only be paid when provided in an inpatient setting because of the  
6 nature of the procedure and the need for at least 24 hours of postoperative recovery time or monitoring  
7 before the patient can be safely discharged. These procedures are assigned a status code of "C" and  
8 hospitals are advised to admit beneficiaries requiring these procedures to receive payment. Each year,  
9 CMS, with input from the APC Panel, reviews the inpatient only list using specific criteria to determine  
10 whether any procedures should be moved from the inpatient only list and assigned to an APC (which  
11 is the payment system for outpatient procedures). CMS updates the list periodically, in large part to  
12 remove procedures from the list that staff determine can now be safely performed on an outpatient  
13 basis.

14 39. Simply put, outpatient admission is appropriate unless the procedure is on the Medicare  
15 Inpatient Only List (explained above), or, if the patient's condition, signs and/or symptoms indicate the  
16 need for the more intensive inpatient setting. The medical records should indicate that the patient  
17 admitted as an inpatient was individually assessed and that there were comorbidities or other factors  
18 meriting an inpatient stay.

19 40. Medicare refers to the guidelines for medical necessity for inpatient admission published  
20 by InterQual. InterQual guides hospitals to look at the severity of the patient's condition and intensity  
21 of the procedures in making the medical necessity determination.

22 41. When a hospital, through its credentialing committee, makes the decision to allow  
23 patients to be admitted to the hospital, the hospital should consider 1) the severity of the signs and  
24 symptoms exhibited by the patient, 2) the medical predictability of something adverse happening to the  
25 patient, 3) the need for diagnostic studies that appropriately are outpatient services (i.e., their  
26 performance does not ordinarily require the patient to remain at the hospital for 24 hours or more) to  
27 assist in assessing whether the patient should be admitted; and 4) the availability of diagnostic  
28 procedures at the time when and at the location where the patient presents. Hospital Manual, Ch. II

§210 Covered Inpatient Hospital Services.

### Condition Code 44

42. In Transmittal 299 (effective date of April 1, 2004), CMS established Condition Code 44 for use by hospitals when billing for services that should have been outpatient in the first instance. For instance, a physician may order a beneficiary to be admitted to an inpatient bed, but upon reviewing the case later, the hospital's utilization review committee determines that an inpatient level of care does not meet the hospital's admission criteria. The articulated policy set forth in the transmittal is:

1. In cases where a hospital utilization review committee determines that an inpatient admission does not meet the hospital's inpatient criteria, the hospital may change the beneficiary's status from inpatient to outpatient and submit an outpatient claim (TOBs 13X, 85X) for medically necessary Medicare Part B services that were furnished to the beneficiary, provided **all** of the following conditions are met:

- a. The change in patient status from inpatient to outpatient is made prior to discharge or release, while the beneficiary is still a patient of the hospital;
- b. The hospital has not submitted a claim to Medicare for the inpatient admission;
- c. A physician concurs with the utilization review committee's decision; and
- d. The physician's concurrence with the utilization review committee's decision is documented in the patient's medical record.

2. When the hospital has determined that it may submit an outpatient claim according to the conditions described above, the entire episode of care should be treated as though the inpatient admission never occurred and should be billed as an outpatient episode of care.

43. On August 28, 2009, CMS included minor revisions to those sections of Chapter 1 of the MCPM that relate to Condition Code 44.

The conditions for the use of Condition Code 44, as stated in section 50.3.2 below, require physician concurrence with the UR committee decision. For Condition Code 44 decisions, in accordance with 42 CFR §482.30(d)(1), one physician member of the UR committee may make the determination for the committee that the inpatient admission is not medically necessary. This physician member of the UR committee must be a different person from the concurring physician, who is the physician responsible for the care of the patient.

### Observation Status versus Inpatient Admission

44. Observation care is a hospital outpatient service that is reported using HCPCS code G0378 (Hospital observation services, per hour). Hospitals report outpatient observation services, which are commonly provided in association with a hospital clinic visit, emergency department visit, or other major service, on hospital outpatient claims, just like other outpatient services. Physicians order

1 observation care, defined as clinically appropriate services, including ongoing short-term treatment,  
 2 assessment, and reassessment furnished in order for the physician to determine whether the beneficiary  
 3 will require further treatment as an inpatient or whether the beneficiary may be safely discharged from  
 4 the hospital. It is commonly assigned to patients who present to the emergency department and require  
 5 a significant period of treatment or monitoring before an admission or discharge decision can be made.

6 \_\_\_\_\_ Medicare Benefit Policy Manual (CMS Pub. 100-2), ch. 1 § 70.4.A provides:

7 "Observation services are those services furnished by a hospital on the hospital's  
 8 premises, including use of a bed and periodic monitoring by a hospital's nursing or other  
 9 staff which are reasonable and necessary to evaluate an outpatient's condition or  
 determine the need for possible admission to the hospital as an inpatient. . . ."

10 45. Medicare Claims Processing Manual (CMS Pub. 100-4), ch. 4, § 290.1 repeats the  
 11 definition of "observation services" and states that such services usually do not exceed one day,  
 12 sometimes may span two days, and "only in rare and exceptional cases" span more than two days.

13 As stated by CMS in 65 Fed.Reg. 18434:

14 Routinely billing an observation stay for patients recovering from outpatient surgery is  
 15 not allowed under current Medicare rules nor will it be allowed under the hospital  
 16 outpatient PPS. As we state in section III.C.5 of this preamble, one of the primary  
 factors we considered as an indicator for the "inpatient only" designation is the need for  
 at least 24 hours of postoperative care.

## 17 **SUBSTANTIVE ALLEGATIONS**

### 18 **Inpatient Claims for Outpatient Surgical Procedures**

19 46. The development of various technologies, such as new surgical techniques and devices,  
 20 have changed the pattern of care for certain surgeries, from inpatient care to ambulatory care. Some  
 21 procedures formerly performed only in the inpatient setting have become entirely appropriate for  
 22 outpatient care.

23 47. CMS identifies procedures that are typically provided only in an inpatient setting, and  
 24 therefore would not be paid by Medicare under the Outpatient Prospective Payment System(OPPS).  
 25 These procedures comprise what is referred to as the "inpatient only list." The inpatient only list  
 26 specifies those services that will only be paid when provided in an inpatient setting because of the  
 27 nature of the procedure and the need for at least 24 hours of postoperative recovery time or monitoring  
 28 before the patient can be safely discharged.



48. Most, if not all hospital systems, consider the procedures not on the inpatient-only list as an outpatient procedure, absent unique medical necessity for inpatient admission. CHW caused Defendants' hospitals to admit patients for procedures which could be performed on an outpatient basis. Defendants did not choose to follow CMS and/or InterQual's guidelines which generally classifies them as outpatient procedures. Instead, CHW exploited the DRG reimbursement methodology with a "Local Medical Center Policy" scheme to ensure high revenue for CHW's hospitals through unnecessary inpatient stays.

49. For the following procedures, for example, Defendants have consistently admitted patients to inpatient status, and submitted claims for the patients, which inpatient DRG claims lacked medical necessity:

a. Transurethral prostatectomy.

- i. Transurethral prostatectomy (TURP) is the most common type of prostate surgery in men and is most often used to treat benign enlargement of the prostate gland. During this procedure, the prostate tissue is removed piece by piece using a special tool inserted through the urethra. Because there are no incisions, TURPs are now successfully performed in the ambulatory setting.
- ii. Under the "Local Medical Center Policy" scheme, facilities that once performed these procedures successfully and routinely as outpatients, reversed course and through medical staff influence convinced surgeons to perform the procedures as inpatients, increasing revenue for the hospital and surgeon.

b. Pacemaker and ICD Implantations.

- i. Pacemakers are battery-powered implantable devices that function to electrically stimulate the heart to contract and thus to pump blood throughout the body. Pacemakers consist of a pager-sized housing device which contains a battery and the electronic circuitry that runs the pacemaker, and one or two long thin wires that travel through a vein in the chest to the heart. Pacemakers are usually implanted in patients in whom their heart's own "spark plug" or electrical system is no longer functioning normally.
- ii. The implantable cardioverter defibrillator (ICD) is a device used to treat dangerously fast heart

1 rates that occur in the lower chambers of the heart (the main pumping chambers). The ICD  
 2 system looks much like a pacemaker. The device is implanted under the skin and attached to  
 3 one or more leads, which are placed in or on the heart muscle.

4 iii. It has been medically unnecessary, in general, to admit pacemaker or ICD patients for  
 5 implantation procedures. Indeed, the Heart Rhythm Society (HRS) has recently stated that  
 6 inpatient status is required only for “patients who require more intensive monitoring,  
 7 intravenous hydration, medication titration and extended nursing or physician care.”

8 iv. Even so, a contrary “Local Medical Policy” pertaining to pacemaker insertion was  
 9 independently developed and distributed by CHW, independent of the CHW Cardiology  
 10 Council and despite the recommendations of the Heart Rhythm Society.

11 c. Laparoscopic Cholecystectomy. The laparoscope (a long metal tube with a camera lens at  
 12 the end) is used for the shift to outpatient settings for surgeries such as a cholecystectomy. The surgery,  
 13 which previously required extensive incisions, has become less invasive, less costly, less time  
 14 consuming, and appropriate for outpatient procedures as a rule.

15 d. Kyphoplasty.

16 i. Kyphoplasty is a minimally invasive procedure performed to treat persistent pain or instability  
 17 resulting from vertebral compression fractures attributable to osteoporosis or neoplasms in the  
 18 bone. The cavity is filled with a bone cement to support the surrounding bone and to prevent  
 19 further collapse. Kyphoplasty procedures are of relatively short duration. The longest part of  
 20 the procedure is the time involved in setting up the equipment and making sure the needle is  
 21 positioned in the collapsed vertebra.

22 ii. Kyphoplasty may be safely performed as an outpatient procedure. Inpatient stays at a hospital  
 23 would only be expected for the rare cases if the patient is unusually frail or their other medical  
 24 issues require further monitoring following the procedure.

25 50. Under the InterQual data, or any other set of criteria for evaluating medical necessity of  
 26 inpatient admission, admission of patients for a one night stay, after these and other surgical procedures,  
 27 is not medically necessary in the vast majority of patients and not unless significant comorbidities or  
 28 complications can be documented.

1           51. Defendants knew that such inpatient stays for the procedures were, in the vast majority  
2 of cases, medically unnecessary. By Defendant hospitals encouraging and directing that patients be  
3 admitted for the procedures, Defendant hospitals sought to maximize reimbursement for hospitals by  
4 exploiting the high reimbursement rate under inpatient DRGs intended for much longer and costlier  
5 stays. The entire goal of CHW's campaign was to persuade Defendant hospitals to treat these  
6 procedures and conditions as inpatient admissions, to maximize profit and revenue.

#### 7                                   **Inpatient Claims Lacked Medical Necessity**

8           52. Defendants admitted patients who did not meet medical necessity criteria. Patients  
9 who should have been admitted (at most) for observation only and then discharged, were instead  
10 routinely admitted as in-patients. Defendants did not have a consistent process/policy for refunds or  
11 rebilling of overpayments and routinely failed to submit a revised UB-04 claim form to their fiscal  
12 intermediary to indicate that Defendants would be liable for the cost of the admission. There was  
13 also confusion and also a lack of process/policy for case management to notify the business office  
14 not to bill an admission when medical necessity was lacking.

#### 15                                   **Claims For Observation Patients Over 48 Hours**

16           53. Observation cases that extend beyond 48 hours should be "rare occurrences" per CMS  
17 Transmittal 42 effective 1/1/2006, yet Defendants repeatedly billed for medically unnecessary  
18 observation hours in excess of 48 hours. In one internal audit, Medicare observation cases in excess of  
19 48 hours ranged from 15% to 26% of all admissions.

#### 20                                   **Claims Made Without Physician Admission Orders**

21           54. If an admission order is never written and a patient is discharged, it is not considered  
22 an inpatient admission. The hospital cannot bill an inpatient admission without a physician order. The  
23 order must clearly indicate the level of care required and documentation in the medical record must  
24 support medical necessity of the inpatient admission.

25           55. Defendant hospitals submitted claims that fully lacked any evidence of a physician  
26 admission order indicating the reason for the admission. For example, the following claims were  
27 submitted by Glendale Memorial Hospital in 2004 without the required physician admission orders:  
28



	<b>Medical Record Number</b>	<b>Discharge Date</b>	<b>Comment</b>
1			
2	232607705	7/17/2004	No admit order
3	232622001	7/20/2004	No admit order
4	232744573	9/8/2004	No admit order
5	23275636	9/15/2004	No admit order
6	232712174	8/26/2004	No admit order
7	232658922	8/5/2004	No admit order
8	232684761	8/16/2004	No admit order
9	232701581	8/21/2004	No admit order
10	232676627	8/13/2004	No admit order
11	232800300	9/30/2004	No admit order
12	232774430	9/23/2004	No admit order
13	232687681	8/16/2004	No admit order
14	232790303	9/27/2004	No admit order
15	232737312	9/8/2004	No admit order
16	232731083	9/13/2004	No admit order
17	232386495	7/9/2004	No admit order
18	232590778	7/12/2004	No admit order
19	232732990	9/11/2004	No admit order

56. The lack of physician orders was identified and communicated by Relator to Glendale Memorial Hospital and her superiors in 2004, yet the practice continues through November 2009.

57. As a further example, four years later, outside consultants CHAN Healthcare Auditors conducted a one day stay audit in 2008 at Glendale and determined that out of a sample of 39 Medicare patients, 14 patients (35%) did not have any evidence of a physician admission order indicating the reason for admission.

### **Churning**

58. In addition to inducing unnecessary and expensive inpatient procedures, Defendants have knowingly caused and assisted physicians to admit their patients and treat them as inpatients when it was not medically necessary to do so. In some hospitals, this in turn facilitated physician churning, where multiple specialist physicians are called in to consult on an admitted patient and in turn order a host of medically unnecessary diagnostic tests. In some hospitals such as Glendale, as many as eight consultants have been called in for an individual patient.

### **Failure to Refund Known Overpayments**

59. Defendant CHW has been on notice that it has been admitting patients as inpatients without medical necessity, a practice that has led to multiple instances of overpayment, of which Defendant had a duty to disclose. Instead, Defendant, in violation of 31 U.S.C. §3729 (a)(1)(G) knowingly concealed or knowingly and improperly avoided an obligation to pay or transmit money or

1 property to the Government.<sup>1</sup>

2 60. Two internal audits resulted in specific, definitive, and ascertainable overpayments  
3 known to Defendant CHW to be owed to Government Healthcare Programs:

4 1) In 2005, an audit was conducted to test whether both inpatient coding and medical necessity  
5 were accurate. Anywhere from 3-30 files per hospital for a one month period were subjected to a CHW  
6 directed "self-audit." The audit was abruptly stopped when CHW senior leadership learned of the high  
7 error rate and associated dollar impact. For the sample files audited, the overpayment was \$736,000.  
8 Extrapolated, the amount due to the United States is in the tens of millions of dollars.

9 2) In August - September, 2008, Relator and others reviewed 1650 files over six weeks, for all  
10 38 hospitals in CHW's system. The auditors applied a strict application of InterQual criteria. The results  
11 of the audit was that approximately \$3.3 million was due (merely for the files sampled in the three  
12 month period). Each facility was then instructed to send the cases that the auditors determined did not  
13 meet medical necessity criteria to physician advisors for another review. Even after physician advisor  
14 review, there was still undisputedly over \$2 million dollars due - a 26% error rate. A list of  
15 representative claims made by each Defendant hospital is attached as **Exhibit A**.

### 16 17 COUNT ONE

18 31 U.S.C. §§ 3729(a)(1)(A)

19 61. Relator realleges and incorporates by reference the allegations made in Paragraphs 1  
20 through 60 of this Complaint.

21 62. This is a claim for treble damages and forfeitures under the False Claims Act, 31 U.S.C.  
22 §§ 3729-32, as amended.

23 63. Through the acts described above, Defendants and their agents and employees  
24 knowingly presented and caused to be presented to the United States Government fraudulent claims,  
25 records, and statements in order to obtain reimbursement for services provided under the Government  
26 Healthcare Programs.

27 64. The United States, unaware of the falsity of the claims made by the Defendants,  
28

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<sup>1</sup> The FCA, as amended in 2009, has no presentment and no specific identification of claims required.

1 approved, paid, and participated in payments made by the Government Healthcare Programs for claims  
2 that otherwise would not have been allowed.

3 65. By reason of these payments and approvals, the United States has been damaged, and  
4 continues to be damaged, in an amount yet to be determined.

5  
6 **COUNT TWO**

7 31 U.S.C. §3 729(a)(1)(B)

8 66. Relator realleges and incorporates by reference the allegations made in Paragraphs 1  
9 through 60 of this Complaint.

10 67. This is a claim for treble damages and penalties under the False Claims Act, 31 U.S.C.  
11 §§ 3729-32, as amended.

12 68. Through the acts described above, Defendants and their agents and employees  
13 knowingly made, used, and caused to be made and used false records and statements to get false or  
14 fraudulent claims paid or approved by the Government Healthcare Programs.

15 69. The United States, unaware of the falsity of the records, statements, and claims made  
16 or submitted by Defendants and their agents and employees, paid Defendants for claims that would not  
17 be paid if the truth were known.

18 70. By reason of the Defendants' false records, statements, and claims, the United States has  
19 been damaged in substantial amount.

20  
21 **COUNT THREE**

22 31 U.S.C. §3 729(a)(1)(G)

23 71. Relator realleges and incorporates by reference the allegations made in Paragraphs 1  
24 through 60 of this Complaint.

25 72. This is a claim for treble damages and penalties under the False Claims Act, 31 U.S.C.  
26 §§ 3729-32, as amended.

27 73. Through the acts described above, Defendants and their agents and employees  
28 knowingly concealed or knowingly and improperly avoided an obligation to pay or transmit money or



1 property to the Government Healthcare Programs.

2 74. By reason of the Defendants' conduct, the United States has been damaged in substantial  
3 amount.

4  
5 **COUNT FOUR** [against CHW only]

6 31 U.S.C. § 3730(h)

7 75. Relator realleges and incorporates by reference the allegations made in Paragraphs 1  
8 through 60 of this Complaint.

9 76. CHW has a duty under the False Claims Act, 31 U.S.C. § 3730(h), to refrain from taking  
10 retaliatory actions against employees who take lawful actions in furtherance of a False Claims Act  
11 action, or who take action to stop violations of the False Claims Act.

12 77. Relator took lawful actions to stop violations of the False Claims Act, and in furtherance  
13 of a False Claims Act action, including but not limited to investigation for, testimony for, or assistance  
14 in an action filed under this section and, as such, engaged in protected activity under the False Claims  
15 Act and other laws.

16 78. During at least her last year of employment, CHW harassed and/or discriminated against  
17 Relator in the terms and conditions of employment. Relator was effectively relieved of her duties to  
18 assist in organizing and teaching clinical documentation education throughout CHW in 2007, despite  
19 having successfully assisted in the implementation of Clinical Documentation Improvement Programs  
20 in 12 CHW hospitals. The Clinical Documentation Improvement Program developed and implemented  
21 by Relator in 12 hospitals included a system of auditing at regular intervals to ensure there was not a  
22 pattern of over-documentation of severity leading to overpayment.

23 79. Even so, CHW implemented an aggressive clinical documentation program engaging  
24 an outside vendor and hiring Clinical Documentation Specialists in all facilities. However, with the  
25 program instituted by the outside vendor and under the direct supervision of CHW leadership, there was  
26 no auditing safeguard. Not surprisingly, Relator thereafter began to notice documentation of conditions  
27 not supported by patient data / findings for conditions such as unstable angina, dehydration, renal  
28 insufficiency and uncontrolled diabetes, brought such compliance problems repeatedly to the attention

1 of management, and was ignored.

2 80. In or about November, 2009, CHW constructively terminated Relator's employment.

3 81. Relator was discriminated against in the terms and conditions of her employment by  
4 CHW, by and through its officers, agents, and employees because of lawful acts done by her in the  
5 furtherance of her efforts to bring a False Claims Act action and to stop violations of the False Claims  
6 Act.

7 82. The actions of CHW damaged and will continue to damage Relator in violation of 31  
8 U.S.C. § 3730(h), in an amount to be determined at trial.

9 83. Pursuant to 31 U.S.C. § 3730(h), Relator is entitled to litigation costs and reasonable  
10 attorneys' fees incurred in the vindication of her reputation and the pursuit of her retaliation claims.

11  
12 **COUNT FIVE** [against CHW only]

13 Cal. Gov. Code § 12653 (b)

14 84. Relator realleges and hereby incorporates by reference each and every allegation  
15 contained in paragraphs 1 through 60 of this complaint.

16 85. During her employment with CHW, Relator lawfully investigated failures of CHW to  
17 comply with the State of California and Federal False Claims Acts in furtherance of False Claims Act  
18 actions. She complained to her superiors regarding the violations set forth in this Complaint.

19 86. Relator's actions in furthering a False Claims Act action and internally reporting  
20 CHW's violations of laws were protected activities within the meaning of Cal. Gov. Code § 12653(b).

21 87. CHW was aware of the Relator's above complaints and reports, and the potential affect  
22 of same on receiving federal and state funds.

23 88. Relator's complaints put CHW on notice that Relator's complaints could lead to an  
24 action filed or to be filed under Section 12652. Relator was effectively relieved of her duties to assist  
25 in organizing and teaching clinical documentation education throughout CHW in 2007, despite having  
26 successfully assisted in the implementation of Clinical Documentation Improvement Programs in 12  
27 CHW hospitals. The Clinical Documentation Improvement Program developed and implemented by  
28 Relator in 12 hospitals included a system of auditing at regular intervals to ensure there was not a

1 pattern of over-documentation of severity leading to overpayment.

2 89. Even so, CHW implemented an aggressive clinical documentation program engaging  
3 an outside vendor and hiring Clinical Documentation Specialists in all facilities. However, with the  
4 program instituted by the outside vendor and under the direct supervision of CHW leadership, there was  
5 no auditing safeguard. Not surprisingly, Relator thereafter began to notice documentation of conditions  
6 not supported by patient data / findings for conditions such as unstable angina, dehydration, renal  
7 insufficiency and uncontrolled diabetes, brought such compliance problems repeatedly to the attention  
8 of management, and was ignored.

9 90. In retaliation for investigating and reporting said violations, CHW harassed, threatened,  
10 discriminated and ultimately constructively discharged Relator in or about November, 2009.

11 91. CHW's actions were in violation of Cal. Gov. Code § 12653(b), and damaged Relator  
12 in violation of Cal. Gov. Code § 12653(b), in an amount to be determined at trial.

13 92. Pursuant to Cal. Gov. Code § 12653(c), Relator is entitled to reinstatement with  
14 seniority, two times the amount of back pay owed, interest on back pay, compensation for any special  
15 damages sustained as a result of the discriminatory treatment, litigation costs, and reasonable attorney's  
16 fees incurred in the vindication of her reputation and in pursuit of this retaliation claim.

17 93. As a direct and proximate result of CHW's conduct as alleged herein, Relator has  
18 suffered damage to reputation entitling Relator to general damages in an amount to be determined at  
19 trial.

20 94. CHW's conduct as alleged above in harassing and ultimately, constructively terminating  
21 Relator, was willful, malicious, oppressive, and fraudulent, thereby entitling Relator to punitive  
22 damages.

23  
24 **COUNT SIX** [against CHW only]

25 **Retaliation - Public Policy**

26 95. The allegations set forth in paragraphs 1 through 60 are alleged and incorporated  
27 herein by reference.

28 96. Defendant CHW has retaliated against Relator in violation of California public policy,



1 by engaging in a course of retaliatory conduct, as described in this Complaint. This conduct continued  
2 until Relator was constructively discharged in November, 2009. Relator believes and alleges that  
3 CHW's termination of her employment (constructive discharge) contravenes fundamental public policy  
4 established both by statutory and regulatory provisions, in violation of California public policy.

5 97. At all times mentioned herein, Relator was willing and able to perform the duties and  
6 functions of her position and Relator did, in fact, perform those duties in an excellent fashion. Relator  
7 was effectively relieved of her duties to assist in organizing and teaching clinical documentation  
8 education throughout CHW in 2007, despite having successfully assisted in the implementation of  
9 Clinical Documentation Improvement Programs in 12 CHW hospitals. The Clinical Documentation  
10 Improvement Program developed and implemented by Relator in 12 hospitals included a system of  
11 auditing at regular intervals to ensure there was not a pattern of over-documentation of severity leading  
12 to overpayment.

13 98. Even so, CHW implemented an aggressive clinical documentation program engaging  
14 an outside vendor and hiring Clinical Documentation Specialists in all facilities. However, with the  
15 program instituted by the outside vendor and under the direct supervision of CHW leadership, there was  
16 no auditing safeguard. Not surprisingly, Relator thereafter began to notice documentation of conditions  
17 not supported by patient data / findings for conditions such as unstable angina, dehydration, renal  
18 insufficiency and uncontrolled diabetes, brought such compliance problems repeatedly to the attention  
19 of management, and was ignored.

20 99. As a proximate result of CHW's discriminatory actions against Relator as alleged above,  
21 Relator has been harmed in that Relator has suffered the loss of salary, benefits, and additional amounts  
22 of money she would have received if CHW had not terminated her employment. As a result of such  
23 discrimination and consequent harm, Relator has suffered such damages in an amount according to  
24 proof.

25 100. As a further proximate result of CHW's discriminatory actions against Relator as alleged  
26 above, Relator has been harmed in that she has suffered humiliation, anguish, and emotional and  
27 physical distress. As a result of such discrimination and consequent harm, Relator has suffered such  
28 damages in an amount according to proof.

101. The above-recited actions of CHW were done with malice, fraud, and/or oppression, and in reckless disregard of Relator's rights entitling Relator to an award of punitive damages.

**COUNT SEVEN [against CHW only]**

**Retaliation - California Health and Safety Code Section 1278.5:**

102. Relator realleges and incorporates by reference the allegations made in Paragraphs 1 through 60 of this Complaint.

103. California Health and Safety Code Section 1278.5(b)(1) provides that "No health facility shall discriminate or retaliate, in any manner, against any patient, employee, member of the medical staff, or any other health care worker of the health facility because that person has done either of the following: (a) Presented a grievance, complaint, or report to the facility, to an entity or agency responsible for accrediting or evaluating the facility, or the medical staff of the facility, or to any other governmental entity.

104. As described in this Complaint, Relator made complaints to CHW about violations of the False Claims Act and patient safety concerns. Within 120 days of the complaints and reporting, CHW discriminated against Relator Hawkins. CHW harassed and/or discriminated against Relator in the terms and conditions of employment, ultimately constructively discharging her in November, 2009.

105. CHW's actions damaged Relator in violation of § 1278.5(b)(1) in an amount to be determined at trial.

**WHEREFORE**, as to Counts One through Seven, plaintiff/relator requests that judgment be entered against Defendants as follows:

- a. Defendants pay an amount equal to three times the amount of damages the United States have sustained because of Defendants' actions, plus a civil penalty against Defendants of not less than \$5,500, and not more than \$11,000 for each violation of 31 U.S.C. § 3729;
- b. plaintiff/relator be awarded the maximum amount allowed pursuant to 31 U.S.C. § 3730(d);
- c. plaintiff/relator be awarded all costs of this action, including attorneys' fees, expenses, and costs pursuant to 31 U.S.C. § 3730(d) and (h) and California law;
- d. plaintiff/relator be awarded appropriate money damages and interest for unlawful

discharge including, but not limited to, compensatory damages for harm, humiliation, embarrassment, and mental anguish and punitive damages for CHW's conduct and the conduct of officers, agents, and employees of Defendants in violation of 31 U.S.C. § 3730(h) and/or California law;

- e. the United States and plaintiff/relator be granted all such other relief as the Court deems just and proper.

### **COUNT EIGHT**

[against all Defendants, excluding the CHW-Arizona Facilities]

#### **CALIFORNIA FALSE CLAIMS ACT**

106. Plaintiff repeats and realleges each allegation contained in paragraphs 1 through 60 above as if fully set forth herein.

107. This is a *qui tam* action brought by RELATOR on behalf of the State of California to recover treble damages and civil penalties under the California False Claims Act, Cal. Gov't. Code § 12650 *et seq.*

108. Cal. Gov't Code § 12651(a) provides liability for any person who

(1) knowingly presents, or causes to be presented, to an officer or employee of the state or of any political division thereof; a false claim for payment or approval;

(2) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the state or by any political subdivision;

(4) is a beneficiary of an inadvertent submission of a false claim to the state or a political subdivision, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the state or the political subdivision within a reasonable time after discovery of the false claim.

109. Defendants violated Cal. Gov't Code § 12651(a) and knowingly presented or caused hundreds of thousands of false claims to be made, used and presented to the State of California, and also knowingly failed to disclose false claims.

110. The State of California, by and through the California Medicaid program and other state healthcare programs, and unaware of Defendants' conduct, paid the claims submitted by Defendants.

111. Had the State of California known that the claims submitted in connection with Defendants' conduct failed to meet the reimbursement criteria of the government-funded healthcare programs or were premised on false and/or misleading information, it would not have paid the claims submitted by healthcare providers and third party payers in connection with that conduct.

112. As a result of Defendants' violations of Cal. Gov't Code § 12651(a), the State of California has been damaged in an amount far in excess of millions of dollars exclusive of interest.

113. RELATOR is a private citizen with direct and independent knowledge of the allegations of this Complaint, who has brought this action pursuant to Cal. Gov't Code § 12652(c) on behalf of themselves and the State of California.

114. This Court is requested to accept pendant jurisdiction over this related state claim as it is predicated upon the same exact facts as the federal claim, and merely asserts separate damages to the State of California in the operation of its Medicaid program.

WHEREFORE, RELATOR respectfully requests this Court to award the following damages to the following parties and against Defendants:

To the STATE OF CALIFORNIA:

- (1) Three times the amount of actual damages which the State of California has sustained as a result of Defendants' conduct;
- (2) A civil penalty of up to \$10,000 for each false claim which Defendants presented or caused to be presented to the State of California;
- (3) Prejudgment interest; and
- (4) All costs incurred in bringing this action.

To RELATOR:

- (1) The maximum amount allowed pursuant to Cal. Gov't Code § 12652 and/or any other applicable provision of law;
- (2) Reimbursement for reasonable expenses which Relator incurred in connection with this action;
- (3) An award of reasonable attorneys' fees and costs; and
- (4) Such further relief as this Court deems equitable and just.

### COUNT NINE

[only against CHW and the CHW-Arizona Facilities]

#### NEVADA FALSE CLAIMS ACT

115. Plaintiff repeats and realleges each allegation contained in paragraphs 1 through 60 above as if fully set forth herein.

116. This is a *qui tam* action brought by RELATOR on behalf of the State of Nevada to recover treble damages and civil penalties under the Nevada False Claims Act, N.R.S. § 357.010, *et seq.*

N.R.S. § 357.040(1) provides liability for any person who-  
 (a) knowingly presents or causes to be presented a false claim for  
 payment or approval;  
 (b) knowingly makes or uses, or causes to be made or used, a false  
 record or statement to obtain payment or approval of a false claim

(h) is a beneficiary of an inadvertent submission of a false claim and,  
 after discovering the falsity of the claim, fails to disclose the falsity to  
 the state or political subdivision within a reasonable time.

117. Defendant CHW, including CHW-Arizona Facilities, violated N.R.S. § 422.560 by  
 engaging in the conduct described herein.

118. Defendants furthermore violated N.R.S. § 357.040(1) and knowingly presented and  
 caused hundreds of thousands of false claims to be made, used and presented to the State of Nevada.

119. The State of Nevada, by and through the Nevada Medicaid program and other state  
 healthcare programs, and unaware of Defendants' conduct, paid the claims submitted by healthcare  
 providers and third party payers in connection therewith.

120. Had the State of Nevada known that the claims submitted failed to meet the  
 reimbursement criteria of the government-funded healthcare programs or were premised on false and/or  
 misleading information, it would not have paid the claims.

121. As a result of Defendants' violations of N.R.S. § 357.040(1) the State of Nevada has  
 been damaged in an amount far in excess of millions of dollars exclusive of interest.

122. RELATOR is a private citizen with direct and independent knowledge of the allegations  
 of this Complaint, who has brought this action pursuant to N.R.S. § 357.080(1) on behalf of themselves  
 and the State of Nevada.

123. This Court is requested to accept pendant jurisdiction of this related state claim as it is  
 predicated upon the exact same facts as the federal claim, and merely asserts separate damage to the  
 State of Nevada in the operation of its Medicaid program.

WHEREFORE, RELATOR respectfully requests this Court to award the following damages  
 to the following parties and against Defendants:

To the STATE OF NEVADA:

- (1) Three times the amount of actual damages which the State of Nevada has  
 sustained as a result of Defendants' conduct;
- (2) A civil penalty of not less than \$2,000 and not more than \$10,000 for each false



- 1 claim which Defendants caused to be presented to the State of Nevada;  
2 (3) Prejudgment interest; and  
3 (4) All costs incurred in bringing this action.

4 To RELATOR:

- 5 (1) The maximum amount allowed pursuant to N.R.S. § 357.210 and/or any other  
6 applicable provision of law;  
7 (2) Reimbursement for reasonable expenses which Relator incurred in connection  
8 with this action;  
9 (3) An award of reasonable attorneys' fees and costs; and  
10 (4) Such further relief as this Court deems equitable and just.

11 DATED: November 25, 2009.

NOLAN & AUERBACH, P.A.

12 By:

13 Matthew B. Pavone  
14 Attorney for Plaintiffs/Relators  
15 KATHLEEN HAWKINS

16 Kenneth J. Nolan, Esq.  
17 Marcella Auerbach, Esq.  
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# EXHIBIT A

St. Bernardine's

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact
815900156	751925	6/8/2008	6/9/2008	h	1	312	Syncope & collapse	0.7197152	2.51	\$ 5,698
816000133	659683	6/8/2008	6/11/2008	h	3	689	Kidney & urinary tract infections w MCC	1.0586679	5.04	\$ 8,382
816400171	798859	6/12/2008	6/14/2008	h	2	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 6,939
813200043	117696	5/11/2008	5/14/2008	s	3	312	Syncope & collapse	0.7197152	2.51	\$ 5,698
814500129	186852	5/24/2008	5/27/2008	h	3	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$ 5,180
808800175	763775	3/28/2008	4/1/2008	h	4	069	Transient ischemia	0.7339419	2.50	\$ 5,811
811800126	771891	4/27/2008	4/28/2008	a	1	684	Renal failure w/o CC/MCC	0.9835458	3.10	\$ 7,787
812600075	498227	5/5/2008	5/8/2008	h	1	303	Atherosclerosis w/o MCC	0.6055232	2.06	\$ 4,794
813900081	325881	5/18/2008	5/19/2008	h	1	303	Atherosclerosis w/o MCC	0.6055232	2.06	\$ 4,794
813800046	451904	5/15/2008	5/15/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,346
811900132	771484	4/28/2008	4/30/2008	h	2	069	Transient ischemia	0.7339419	2.50	\$ 5,811
810500146	130140	4/14/2008	4/15/2008	h	1	312	Syncope & collapse	0.7197152	2.51	\$ 5,698
813700176	148950	5/16/2008	5/17/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 5,811
811600232	340263	4/25/2008	4/25/2008	a	1	606	Minor skin disorders w MCC	0.9222514	4.21	\$ 7,302
812500049	117696	5/4/2008	5/6/2008	h	2	195	Simple pneumonia & pleurisy w/o CC/MCC	0.8397661	3.52	\$ 6,649
809000062	650421	3/30/2008	4/2/2008	h	3	192	Chronic obstructive pulmonary disease w/o CC/M	0.8144812	3.37	\$ 6,449
812600067	796432	5/5/2008	5/6/2008	h	1	195	Simple pneumonia & pleurisy w/o CC/MCC	0.8397661	3.52	\$ 6,649
814000327	498230	5/20/2008	5/20/2008	H	1	313	Chest pain	0.548879	1.73	\$ 4,346
811600252	795871	4/26/2008	4/26/2008	h	1	670	Transurethral procedures w/o CC/MCC	0.8838299	1.88	\$ 6,998
813500251	9471322	5/14/2008	5/16/2008	h	2	192	Chronic obstructive pulmonary disease w/o CC/M	0.8144812	3.37	\$ 6,449
811600141	106622	5/6/2008	5/8/2008	h	2	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,313
814400226	793638	5/23/2008	5/24/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,346
814900069	150339	5/30/2008	5/30/2008	h	1					
813500114	703996	5/14/2008	5/16/2008	h	2	313	Chest pain	0.548879	1.73	\$ 4,346
818100045	593309	6/29/2008	6/30/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,346

**St. Rose's - San Martin Campus**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact
31352669	203788	4/8/2008	4/9/2008	h	1	369	Major esophageal disorders w CC	1.0839048	3.74	\$ 6,464
31347172	606499	4/1/2008	4/2/2008	h	1	439	Disorders of pancreas except malignancy w CC	1.060881	4.27	\$ 6,327
31389562	456568	5/20/2008	5/22/2008	h	2	292	Heart failure & shock w CC	1.0133765	4.08	\$ 6,044
31379704	611936	5/8/2008	5/9/2008	h	1	509	Arthroscopy	1.0769208	1.92	\$ 6,423
31405012	596698	6/9/2008	6/11/2008	h	2	689	Kidney & urinary tract infections w MCC	1.0586679	5.04	\$ 6,314
31414626	343331	6/17/2008	6/18/2008	h	1	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 5,227
31360308	578994	4/16/2008	4/18/2008	r	2	089	Concussion w CC	0.9479087	2.97	\$ 5,653
31415284	482083	6/18/2008	6/21/2008	h	3	312	Syncope & collapse	0.7197152	2.51	\$ 4,292
31414626	34331	6/17/2008	6/18/2008	h	1	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 5,227
31350556	463139	4/5/2008	4/9/2008	h	4	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 7,396
31400278	374077	6/1/2008	6/2/2008	h	1	313	Chest pain	0.548879	1.73	\$ 3,274
31408305	588025	6/10/2008	6/13/2008	s	3	193	Simple pneumonia & pleurisy w MCC	1.2505118	5.51	\$ 7,458
31402225	615123	6/3/2008	6/7/2008	h	4	190	Chronic obstructive pulmonary disease w MCC	1.113845	5.13	\$ 6,643
31346059	606256	3/31/2008	4/2/2008	hh	2	312	Syncope & collapse	0.7197152	2.51	\$ 4,292
31349194	606953	4/10/2008	4/12/2008	h	2	502	Soft tissue procedures w/o CC/MCC	1.0342407	2.26	\$ 6,168
31391568	615042	5/21/2008	5/24/2008	s	3	092	Other disorders of nervous system w CC	0.9528682	3.52	\$ 5,683
31358542	444857	4/15/2008	4/16/2008	h	1	638	Diabetes w CC	0.8021487	3.36	\$ 4,784
31410558	4647	6/12/2008	6/14/2008	h	2	149	Dysequilibrium	0.6153527	2.24	\$ 3,670
31371909	579917	5/1/2008	5/2/2008	hh	1	418	Laparoscopic cholecystectomy w/o c.d.e. w CC	1.7103588	4.50	\$ 10,201





**Sierra Nevada**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
22670921		4/22/2008	4/23/2008	home	1	517	Other musculoskelet sys & conn tiss O.R. proc \	1.4192162	2.04	\$	9,193
22666119		4/11/2008	4/12/2008	home	1	641	Nutritional & misc metabolic disorders w/o MCC	0.7248343	3.08	\$	4,695
22695670		4/17/2008	4/18/2008	home	1	641	Nutritional & misc metabolic disorders w/o MCC	0.7248343	3.08	\$	4,695
22626766		4/5/2008	4/6/2008	home	1	689	Kidney & urinary tract infections w MCC	1.0586679	5.04	\$	6,858
22741904		4/26/2008	4/28/2008	home	2	866	Viral illness w/o MCC	0.7526985	2.84	\$	4,876
22729198		4/24/2008	4/24/2008	home	1	312	Syncope & collapse	0.7197152	2.51	\$	4,662
22639827		4/8/2008	4/11/2008	home	3	644	Endocrine disorders w CC	1.0637786	4.34	\$	6,891
22864417		4/18/2008	4/19/2008	home	1	149	Dysequilibrium	0.6153527	2.24	\$	3,986
22900930		5/27/2008	5/28/2008	home	1	313	Chest pain	0.548879	1.73	\$	3,556
22886170		5/22/2008	5/22/2008	s	1	195	Simple pneumonia & pleurisy w/o CC/MCC	0.6397661	3.52	\$	5,440
22864938		5/19/2008	5/21/2008	home	2	305	Hypertension w/o MCC	0.5942448	2.31	\$	3,849
22854525		5/15/2008	5/16/2008	home	1	312	Syncope & collapse	0.7197152	2.51	\$	4,662
22861157		5/16/2008	5/17/2008	home	1	312	Syncope & collapse	0.7197152	2.51	\$	4,662
22896864		5/23/2008	5/24/2008	home	1	312	Syncope & collapse	0.7197152	2.51	\$	4,662
22819254		5/8/2008	5/10/2008	home	2	069	Transient ischemia	0.7339419	2.50	\$	4,754
22863963		5/18/2008	5/20/2008	s	2	552	Medical back problems w/o MCC	0.7839183	3.40	\$	5,078
22893291		5/25/2008	5/27/2008	home	2	552	Medical back problems w/o MCC	0.7839183	3.40	\$	5,078
22908636		5/27/2008	5/30/2008	s	3	543	Pathological fractures & musculoskelet & conn ti	1.11506	4.77	\$	7,223
23040595		6/24/2008	6/25/2008	home	1	508	Major shoulder or elbow joint procedures w/o CC	1.1329946	1.68	\$	7,339
22976393		6/24/2008	6/25/2008	home	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$	8,032
22984876		6/10/2008	6/11/2008	home	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$	8,032
22694822		4/17/2008	4/18/2008	home	1	395	Other digestive system diagnoses w/o CC/MCC	0.7873619	2.67	\$	5,100
22584619		4/24/2008	4/25/2008	home	1	512	Shoulder,elbow or forearm proc,exc major joint p	0.960157	1.75	\$	6,220
22612840		4/28/2008	4/29/2008	home	1	512	Shoulder,elbow or forearm proc,exc major joint p	0.960157	1.75	\$	6,220
22601793		4/7/2008	4/8/2008	home	1	516	Other musculoskelet sys & conn tiss O.R. proc \	1.8306773	4.35	\$	11,858

**Sequoia Hospital**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
1009792928	446396	5/2/2008	5/3/2008	H	1	684	Renal failure w/o CC/MCC	0.9835458	3.10	\$ 7,264	
1009647437	332291	3/21/2008	3/22/2008	h	1	087	Traumatic stupor & coma, coma <1 hr w/o CC/M	0.9234509	2.65	\$ 6,820	
1009702703	343146	4/6/2008	4/7/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,064	
1009936137	784052	6/20/2008	6/22/2008	h	2	194	Simple pneumonia & pleurisy w CC	1.0234516	4.45	\$ 7,569	
1009841063	797233	5/21/2008	5/22/2008	h	1	192	Chronic obstructive pulmonary disease w/o CC/M	0.8144812	3.37	\$ 6,016	
1009690536	456935	4/2/2008	4/3/2008	h	1	639	Diabetes w/o CC/MCC	0.6742471	2.50	\$ 4,980	
1009471432	516098	1/26/2008	1/30/2008	h	4	639	Diabetes w/o CC/MCC	0.6742471	2.50	\$ 4,980	
1009911932	795272	6/12/2008	6/14/2008	s	2	552	Medical back problems w/o MCC	0.7839163	3.40	\$ 5,790	
1009671148	324598	3/30/2008	4/1/2008	h	2	191	Chronic obstructive pulmonary disease w CC	0.9405203	4.17	\$ 6,946	
1009802503	286594	5/7/2008	5/10/2008	s	3	057	Degenerative nervous system disorders w/o MC	0.8951258	3.88	\$ 6,611	
1009890623	341982	6/4/2008	6/5/2008	h	1						No MS-DRG as
1009916576	797510	6/13/2008	6/19/2008	hh	6	293	Heart failure & shock w/o CC/MCC	0.8764768	3.06	\$ 6,473	
1009670819	414104	3/30/2008	4/1/2008	hh	2	069	Transient ischemia	0.7339419	2.50	\$ 5,421	
1009857267	288569	6/6/2008	6/7/2008	h	1	418	Laparoscopic cholecystectomy w/o c.d.e. w CC	1.7103588	4.50	\$ 12,632	
1009712355	360107	4/9/2008	4/9/2008	h							No MS-DRG as

**St. Francis Memorial**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
61959037	1244425	4/4/2008	4/4/2008	home	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$	6,197 No SI/IS
62153432	10208834	5/27/2008	5/28/2008	home	1	684	Renal failure w/o CC/MCC	0.9835458	3.10	\$	9,084 No SI/IS
62159074	10118108	5/29/2008	5/30/2008	hh	1	312	Syncope & collapse	0.7197152	2.51	\$	6,647 Met SI, not IS
62085527	1135319	5/2/2008	5/4/2008	oth acute	2	312	Syncope & collapse	0.7197152	2.51	\$	6,647 No SI/IS
62222799	1234625	6/9/2008	6/10/2008	home	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$	11,462 No SI/IS
62224910	10004156	6/7/2008	6/7/2008	ama	1	073	Cranial & peripheral nerve disorders w MCC	1.1717047	4.78	\$	10,822 No SI/IS
62227939	3043143	6/9/2008	6/12/2008	home	3	313	Chest pain	0.548879	1.73	\$	5,069 No SI/IS
62273925	1312425	6/24/2008	6/25/2008	home	1	603	Cellulitis w/o MCC	0.8086559	3.94	\$	7,469 No SI/IS
62485952	10304352	6/26/2008	6/30/2008	home	2	293~	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$	8,095 Met SI, not IS
62225883	1366028	6/8/2008	6/11/2008	snf	3	058	Multiple sclerosis & cerebellar ataxia w MCC	1.2669414	5.81	\$	11,701 No SI/IS
62163332	3010080	5/30/2008	5/31/2008	snf	1	690	Kidney & urinary tract infections w/o MCC	0.8000251	3.56	\$	7,389 No SI/IS

**Mercy Mt. Shasta**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
7875099		4/11/2008	4/12/2008	h	1	392	Esophagitis, gastroent & misc digest disorders w	0.712064	2.83	#N/A	
7863640		4/4/2008	4/6/2008	hh	2	392	Esophagitis, gastroent & misc digest disorders w	0.712064	2.83	#N/A	
7884455		4/19/2008	4/21/2008	h	2	195	Simple pneumonia & pleurisy w/o CC/MCC	0.8397661	3.52	#N/A	
7932734		5/29/2008	5/30/2008	h	1	292	Heart failure & shock w CC	1.0133765	4.08	#N/A	
7924145		5/21/2008	5/23/2008	h	2	418	Laparoscopic cholecystectomy w/o c.d.e. w CC	1.7103588	4.50	#N/A	
7916851		5/13/2008	5/16/2008	s	3	390	G.I. obstruction w/o CC/MCC	0.7259723	2.97	#N/A	

**Northridge Roscoe**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact
21466255	385202	4/17/2008	4/18/2008	HH	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 16,547
41860644	559900	4/2/2008	4/3/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 16,547
41865478	78747	4/17/2008	4/18/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 16,547
21463112	783767	4/11/2008	4/12/2008	h	1	254	Other vascular procedures w/o CC/MCC	1.6785886	2.03	\$ 13,000
89125140	994614	4/23/2008	4/24/2008	A	1	448	Disorders of the biliary tract w/o CC/MCC	0.8520593	2.85	\$ 6,599
89107593	987047	4/10/2008	4/12/2008	H	2	514	Hand or wrist proc, except major thumb or joint p	0.8312623	1.99	\$ 6,438
89132112	255908	4/28/2008	4/30/2008	HH	2	088	Concussion w MCC	1.2968029	4.34	\$ 10,043
41863358	302395	4/23/2008	4/25/2008	h	2	907	Other O.R. procedures for injuries w MCC	3.103014	8.10	\$ 24,031
21465232	982638	4/16/2008	4/18/2008	h	3	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,197
89108252	972215	4/11/2008	4/12/2008	s	1	313	Chest pain	0.548879	1.73	\$ 4,261
89126759	451822	4/24/2008	4/27/2008	h	3	089	Concussion w CC	0.9479087	2.97	\$ 7,341
89112411	969405	4/13/2008	4/16/2008	s	3	690	Kidney & urinary tract infections w/o MCC	0.8000251	3.56	\$ 6,186
41873456	578714	5/19/2008	5/20/2008	h	1	251	Pericardiovasc proc w/o coronary artery stent o	1.747991	2.11	\$ 13,537
90813288	984970	4/28/2008	5/1/2008	h	3	125	Other disorders of the eye w/o MCC	0.6792167	2.73	\$ 5,260
89163646	949853	5/21/2008	5/22/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,261
89135305	896541	4/30/2008	5/3/2008	h	3	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 6,071
21470745	336957	5/29/2008	5/31/2008	h	2	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,197
89147979	988250	5/10/2008	5/11/2008	h	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 6,071
21470117	995344	5/23/2008	5/25/2008	h	2	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,197
89215545	370697	6/28/2008	6/28/2008	t	1	312	Syncope & collapse	0.7197152	2.51	\$ 5,574
89180061	457444	6/2/2008	6/2/2008	h	1	690	Kidney & urinary tract infections w/o MCC	0.8000251	3.56	\$ 6,186
89194211	999362	6/13/2008	6/15/2008	h	2	089	Transient ischemia	0.7339419	2.50	\$ 5,684
21483854	302116	6/17/2008	6/19/2008	a	2	149	Dysequilibrium	0.6153527	2.24	\$ 4,766
21472964	453835	5/13/2008	5/15/2008	h	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 9,603
21484241	624487	6/24/2008	6/25/2008	h	1	517	Other musculoskelet sys & conn tiss O.R. proc	1.4192162	2.04	\$ 10,891
89189658	878586	6/10/2008	6/11/2008	h	1	194	Simple pneumonia & pleurisy w CC	1.0234516	4.45	\$ 7,926
21464037	459907	6/11/2008	6/12/2008	h	1	287	Circulatory disorders except AMI, w card cath w/	1.1412176	2.47	\$ 8,838
89174569	416957	5/29/2008	5/31/2008	h	2	203	Bronchitis & asthma w/o CC/MCC	0.6251638	2.86	\$ 4,842
89176754	793311	5/31/2008	5/31/2008	h	1	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 6,788



**Mercy Redding**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ impact
1418801		6/15/2008	6/17/2008	h	2	291	Heart failure & shock w MCC	1.2585011	5.11	\$ 9,467
1178905		6/13/2008	6/14/2008	h	1	204	Respiratory signs & symptoms	0.8658072	2.23	\$ 5,003
1418297		6/13/2008	6/14/2008	h	1	312	Syncope & collapse	0.7197152	2.51	\$ 5,408
1414789		6/5/2008	6/7/2008	h	2	291	Heart failure & shock w MCC	1.2585011	5.11	\$ 9,467
1395749		6/2/2008	6/4/2008	h	2	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,042
1412812		6/2/2008	6/3/2008	h	1	305	Hypertension w/o MCC	0.5942448	2.31	\$ 4,465
1408580		5/22/2008	5/23/2008	h	1	511	Shoulder,elbow or forearm proc,exc major joint p	1.2511628	3.11	\$ 9,402
1407322		5/20/2008	5/22/2008	h	2	479	Biopsies of musculoskeletal system & connectiv	1.6784015	1.88	\$ 12,612
1406593		5/19/2008	5/20/2008	h	1	149	Dysequilibrium	0.6153527	2.24	\$ 4,824
1403035		5/10/2008	5/12/2008	hh	2	192	Chronic obstructive pulmonary disease w/o CC/I	0.8144812	3.37	\$ 6,120
1399884		5/3/2008	5/4/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,125
1399649		5/6/2008	5/7/2008	h	1	713	Transurethral prostatectomy w CC/MCC	0.9650185	2.93	\$ 7,402
1395506		5/1/2008	5/2/2008	h	1	512	Shoulder,elbow or forearm proc,exc major joint p	0.960157	1.75	\$ 7,216
1392119		4/16/2008	4/19/2008	r	3	544	Pathological fractures & musculoskelet & conn ti	0.9394787	3.75	\$ 7,060
1306960		4/16/2008	4/19/2008	h	3	511	Shoulder,elbow or forearm proc,exc major joint p	1.2511628	3.11	\$ 9,402
1386660		4/2/2008	4/4/2008		2	194	Simple pneumonia & pleurisy w CC	1.0234516	4.45	\$ 7,691
1392863		4/24/2008	4/26/2008		2	713	Transurethral prostatectomy w CC/MCC	0.9650185	2.93	\$ 7,402
1394098		4/20/2008	4/23/2008		3	069	Transient ischemia	0.7339419	2.50	\$ 5,516
1395294		4/22/2008	4/24/2008		2	069	Transient ischemia	0.7339419	2.50	\$ 5,516
1396307		4/25/2008	4/27/2008		2	192	Chronic obstructive pulmonary disease w/o CC/I	0.8144812	3.37	\$ 6,120
1391075		4/13/2008	4/14/2008		1	313	Chest pain	0.548879	1.73	\$ 4,125
1388452		4/7/2008	4/7/2008		1	313	Chest pain	0.548879	1.73	\$ 4,125
1386740		4/2/2008	4/3/2008		1	313	Chest pain	0.548879	1.73	\$ 4,125
1393885		4/19/2008	4/20/2008		1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 9,318
1390342		4/18/2008	4/19/2008		1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 9,318

**Methodist Hospital**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHAR GE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
8899690	9702904			h		313	Chest pain	0.548879	1.73	\$	4,799
8899554	9491061			h		069	Transient ischemia	0.7339419	2.50	\$	6,417
8909896	9164137			h		312	Syncope & collapse	0.7197152	2.51	\$	6,283
8953485	9713833			h		948	Signs & symptoms w/o MCC	0.6542172	2.73	\$	5,720
8945419	4100893			h		313	Chest pain	0.548879	1.73	\$	4,799
8943269	9257599			h		313	Chest pain	0.548879	1.73	\$	4,799
8934135	9257599			h		069	Transient ischemia	0.7339419	2.50	\$	6,417
8933394	9626896			h		149	Dysequilibrium	0.6153527	2.24	\$	5,380

**Mercy San Juan**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
8884087		4/7/2008	4/8/2008	home	1	355	Hernia procedures except inguinal & femoral w/o	1.014741	2.33	\$ 7,798	no
8889729		4/10/2008	4/11/2008	home	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 9,529	no
8901863		4/29/2008	4/29/2008	home	1	508	Major shoulder or elbow joint procedures w/o CC	1.1329946	1.68	\$ 8,707	no
8886002		4/5/2008	4/5/2008	home	1	684	Renal failure w/o CC/MCC	0.9835458	3.10	\$ 7,569	no
8897334		4/18/2008	4/19/2008	home	1	684	Renal failure w/o CC/MCC	0.9835458	3.10	\$ 7,569	no
8894977		4/24/2008	4/25/2008	home	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,167	no
8896037		4/24/2008	4/24/2008	home	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,167	no
8903395		4/26/2008	4/27/2008	home	1	313	Chest pain	0.548879	1.73	\$ 4,218	no
8889048		4/9/2008	4/11/2008	home	2	313	Chest pain	0.548879	1.73	\$ 4,218	no
8885146		4/4/2008	4/5/2008	home	2	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 6,736	yes
8899199		4/21/2008	4/22/2008	HH	1	312	Syncope & collapse	0.7197152	2.51	\$ 5,531	yes
8925841		5/27/2008	5/28/2008	home	1	244	Permanent cardiac pacemaker implant w/o CC/M	2.1366873	2.18	\$ 16,420	no
8915577		5/10/2008	5/11/2008	home	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 9,529	no
8909092		5/9/2008	5/10/2008	SNF	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,167	no
8913866		5/14/2008	5/15/2008	home	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,167	no
8909702		5/3/2008	5/4/2008	home	1	069	Transient ischemia	0.7339419	2.50	\$ 6,640	yes
8906349		5/1/2008	5/2/2008	home	1	690	Kidney & urinary tract infections w/o MCC	0.8000251	3.56	\$ 6,148	no
8913375		5/7/2008	5/8/2008	home	1	690	Kidney & urinary tract infections w/o MCC	0.8000251	3.56	\$ 6,148	no
8910268		5/4/2008	5/5/2008	HH	2	313	Chest pain	0.548879	1.73	\$ 4,218	no
8925405		5/21/2008	5/23/2008	home	2	313	Chest pain	0.548879	1.73	\$ 4,218	no
8928165		5/25/2008	5/27/2008	home	2	313	Chest pain	0.548879	1.73	\$ 4,218	no
8928175		5/25/2008	5/27/2008	home	2	313	Chest pain	0.548879	1.73	\$ 4,218	no
8943430		6/12/2008	6/13/2008	home	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 9,529	no
8936229		6/4/2008	6/5/2008	home	1	103	Headaches w/o MCC	0.6676879	2.54	\$ 5,131	no
8957426		6/28/2008	6/29/2008	home	1	195	Simple pneumonia & pleurisy w/o CC/MCC	0.8397661	3.52	\$ 8,464	no
8943789		6/12/2008	6/13/2008	home	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 6,024	yes
8939208		6/19/2008	6/21/2008	HH	2	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 6,024	no
8948033		6/18/2008	6/21/2008	home	3	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 6,024	no
8894969		6/16/2008	6/19/2008		3	312	Syncope & collapse	0.7197152	2.51	\$ 5,531	yes

Mercy Gilbert

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact
102594	759981	4/21/2008	4/24/2008	h	3	313	Chest pain	0.548879	1.73	\$ 3,111
96324	932265	3/31/2008	4/1/2008	h	1	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 4,968
112264	946761	6/6/2008	6/8/2008	h	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 7,028
107112	257224	5/12/2008	5/14/2008	h	2	069	Transient ischemia	0.7339419	2.50	\$ 4,160
102922	842293	4/22/2008	4/24/2008	h	2	313	Chest pain	0.548879	1.73	\$ 3,111
96679	494555	5/7/2008	5/8/2008	h	1	418	Laparoscopic cholecystectomy w/o c.d.e. w CC	1.7103588	4.50	\$ 9,694
102093	936231	4/24/2008	4/25/2008	h	1	227	Cardiac defibrillator implant w/o cardiac cath w/o	5.0411401	1.81	\$ 28,573
103389	973620	5/26/2008	5/29/2008	h	1	243	Permanent cardiac pacemaker implant w CC	2.5483014	3.84	\$ 14,444
114302	930084	6/17/2008	6/19/2008	h	2	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,443
114248	305040	6/17/2008	6/18/2008	h	1	305	Hypertension w/o MCC	0.5942446	2.31	\$ 3,368
110128	176662	5/28/2008	5/29/2008	h	1	638	Diabetes w CC	0.8021487	3.36	\$ 4,547
112035	881001	6/5/2008	6/8/2008	h	3	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$ 3,708
96399	887107	4/1/2008	4/4/2008	s	3	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,443
103613	68902	4/25/2008	4/28/2008	h	3	313	Chest pain	0.548879	1.73	\$ 3,111
108077	942636	5/16/2008	5/19/2008	h	3	069	Transient ischemia	0.7339419	2.50	\$ 4,160
105865	851336	5/6/2008	5/9/2008	h	3	191	Chronic obstructive pulmonary disease w CC	0.9405203	4.17	\$ 5,331
110363	945034	5/29/2008	5/30/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 4,160
104833	345237	5/1/2008	5/3/2008	H	2	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 4,968
108932	852514	6/2/2008	6/2/2008	h	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,443
112408	625219	6/7/2008	6/10/2008	H	3	313	Chest pain	0.548879	1.73	\$ 3,111
102350	152870	4/20/2008	4/22/2008	H	2	202	Bronchitis & asthma w CC/MCC	0.7841144	3.61	\$ 4,444
113000	573222	6/10/2008	6/12/2008	h	2	202	Bronchitis & asthma w CC/MCC	0.7841144	3.61	\$ 4,444
96714	930553	4/8/2008	4/9/2008	h	1	261	Cardiac pacemaker revision except device replac	1.3211812	2.78	\$ 7,488
96714	930553	4/8/2008	4/9/2008	h	1	261	Cardiac pacemaker revision except device replac	1.3211812	2.78	\$ 7,488
96175	114357	4/10/2008	4/11/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/M	2.1368873	2.18	\$ 12,111
105628	901239	5/5/2008	5/8/2008	h	3	418	Laparoscopic cholecystectomy w/o c.d.e. w CC	1.7103588	4.50	\$ 9,694
101976	936139	4/18/2008	4/21/2008	h	3	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 7,028
114094	946345	6/26/2008	6/27/2008	h	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 7,028
116144	692262	6/25/2008	6/26/2008	h	1	186	Pleural effusion w MCC	1.4541553	5.80	\$ 8,242

**Mercy General**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARG E DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
8902199	9677353				1	607	Minor skin disorders w/o MCC	0.6504644	2.90	\$	4,939
8889301	2377408				2	552	Medical back problems w/o MCC	0.7839183	3.40	\$	5,953
8892353	2563518				1	313	Chest pain	0.548679	1.73	\$	4,168
8891850	9047315				2	069	Transient ischemia	0.7339419	2.50	\$	5,573
8886868	9160605				2	069	Transient ischemia	0.7339419	2.50	\$	5,573
8929801	1389763				1	419	Laparoscopic cholecystectomy w/o c.d.a. w/o CC	1.2399594	2.47	\$	9,416
8916372	9352472				1	561	Aftercare, musculoskeletal system & connective	0.6753138	2.13	\$	5,128
8929280	2194626				1	192	Chronic obstructive pulmonary disease w/o CC/A	0.8144812	3.37	\$	6,185
8922436	1353124				2	312	Syncope & collapse	0.7197152	2.51	\$	5,466
8907624	2332576				1	313	Chest pain	0.548679	1.73	\$	4,168
8933186	4203719				1	313	Chest pain	0.548679	1.73	\$	4,168
8911416	2544191				1	552	Medical back problems w/o MCC	0.7839183	3.40	\$	5,953
8930915	9709105				3	552	Medical back problems w/o MCC	0.7839183	3.40	\$	5,953
8934706	2397712				1	149	Dysequilibrium	0.6153527	2.24	\$	4,673
8941122	2391877				1	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$	4,968
8945480	1127825				1	313	Chest pain	0.548679	1.73	\$	4,168
8957452	9714655				1	313	Chest pain	0.548679	1.73	\$	4,168





**Glendale Memorial**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact
241115945	869249	4/25/2008	4/26/2008	H	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 11,262
241124144	668886	5/30/2008	5/31/2008	h	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 11,262
241126293	838117	5/30/2008	6/2/2008	S	3	377	G.I. hemorrhage w MCC	1.3367103	5.02	\$ 12,141
241112291	656710	4/9/2008	4/10/2008	h	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 7,120
241119237	658197	5/1/2008	5/2/2008	a	1	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 7,961
241113661	919703	4/12/2008	4/12/2008	a	1	149	Dysequilibrium	0.6153527	2.24	\$ 5,689
241127982	935181	6/4/2008	6/5/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,985
241117034	646275	5/1/2008	5/2/2008	h	1	259	Cardiac pacemaker device replacement w/o MCC	1.6552593	1.92	\$ 15,034
241122500	811319	5/16/2008	5/17/2008	h	1	243	Permanent cardiac pacemaker implant w CC	2.5483014	3.84	\$ 23,146
241124572	612020	6/4/2008	6/5/2008	h	1	301	Peripheral vascular disorders w/o CC/MCC	0.7183009	3.06	\$ 6,524
241121603	778184	5/11/2008	5/13/2008	h	2	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 7,961
241126016	591366	5/29/2008	5/30/2008	H	1	313	Chest pain	0.548879	1.73	\$ 4,985
241129241	866314	6/10/2008	6/11/2008	H	1	313	Chest pain	0.548879	1.73	\$ 4,985
241125189	621191	5/27/2008	5/28/2008	h	1	311	Angina pectoris	0.5118292	1.89	\$ 4,649
241120604	762091	5/7/2008	5/8/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,985
241132270	553298	6/21/2008	6/22/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,985
241115792	693235	4/22/2008	4/22/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,985
241130044	707737	6/24/2008	6/25/2008	h	1	227	Cardiac defibrillator implant w/o cardiac cath w/o	5.0411401	1.81	\$ 45,788
241113304	471321	4/10/2008	4/11/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,985
241126155	802342	5/30/2008	5/30/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,985
24113232	622601	6/22/2008	6/25/2008	s	3	395	Other digestive system diagnoses w/o CC/MCC	0.7873619	2.67	\$ 7,161
241130494	792842	6/14/2008	6/17/2008	s	3	605	Trauma to the skin, subcut tiss & breast w/o MC	0.6863075	2.80	\$ 6,234
241122454	812811	5/16/2008	5/17/2008	H	1	243	Permanent cardiac pacemaker implant w CC	2.5483014	3.84	\$ 23,146
241141288	491770	7/28/2008	7/28/2008	h	2	813	Coagulation disorders	1.3426289	3.76	\$ 12,195
241124484	324249	6/2/2008	6/3/2008	h	1	512	Shoulder,elbow or forearm proc,exc major joint p	0.960157	1.75	\$ 8,721
241115218	761723	4/17/2008	4/21/2008	p	4	945	Rehabilitation w CC/MCC	1.1004833	8.36	\$ 9,996
241123437	771338	5/19/2008	5/22/2008	s	3	562	Fx, sprn, strn & disl except femur, hip, pelvis & ti	1.116334	4.98	\$ 10,139
411132628	936171	6/25/2008	6/26/2008	h	1	670	Transurethral procedures w/o CC/MCC	0.8838299	1.88	\$ 8,028
241126040	796144	6/2/2008	6/3/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/h	2.1366873	2.18	\$ 19,407
241124537	744270	6/3/2008	6/4/2008	hh	1	512	Shoulder,elbow or forearm proc,exc major joint p	0.960157	1.75	\$ 8,721
241114504	364684	4/17/2008	4/18/2008	h	1	254	Other vascular procedures w/o CC/MCC	1.6785886	2.03	\$ 15,246
241116311	741896	4/29/2008	4/30/2008	h	1	627	Thyroid, parathyroid & thyroglossal procedures v	0.8168894	1.32	\$ 7,420
241121186	467169	5/9/2008	5/9/2008	h	1	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 7,961
241118175	627974	5/5/2008	5/6/2008	h	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 11,262
241131408	551895	6/19/2008	6/21/2008	hh	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 11,262
241122376	497102	4/15/2008	4/16/2008	r	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 7,120
241115940	932870	4/21/2008	4/23/2008	h	2	313	Chest pain	0.548879	1.73	\$ 4,985

**California Hospital**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
11964194	826273	4/16/2008	4/16/2008	H	1	559	Aftercare, musculoskeletal system & connective	1.2104241	5.10	\$ 12,430	NO SI/IS
81117152	578899	5/30/2008	6/1/2008	H	2	312	Syncope & collapse	0.7197152	2.51	\$ 7,391	
81034860	899530	4/11/2008	4/11/2008	H	1	313	Chest pain	0.548879	1.73	\$ 5,637	
81127755	55139	6/5/2008	6/7/2008	H	2	313	Chest pain	0.548879	1.73	\$ 5,637	
81028243	582871	4/7/2008	4/9/2008	H	2	292	Heart failure & shock w CC	1.0133765	4.08	\$ 10,407	
81096299	639954	5/17/2008	5/18/2008	H	1	779	Abortion w/o D&C	0.6013139	1.69	\$ 6,176	
81099020	547769	5/19/2008	5/19/2008	A	1	069	Transient ischemia	0.7339419	2.50	\$ 7,537	
81124232	590129	6/4/2008	6/6/2008	H	2	149	Dysequilibrium	0.6153527	2.24	\$ 6,319	
81031452	459190	4/9/2008	4/9/2008	H	1	313	Chest pain	0.548879	1.73	\$ 5,637	
11967419	588398	6/2/2008	6/3/2008	H	1	313	Chest pain	0.548879	1.73	\$ 5,637	
81033821	634525	4/10/2008	4/10/2008	H	1	313	Chest pain	0.548879	1.73	\$ 5,637	
81035693	455404	4/11/2008	4/12/2008	H	1	563	Fx, sprn, strn & disl except femur, hip, pelvis & li	0.6980512	3.10	\$ 7,169	
81158891	550630	6/24/2008	6/26/2008	H	2	313	Chest pain	0.548879	1.73	\$ 5,637	
81114845	323706	5/29/2008	5/30/2008	H	1	603	Cellulitis w/o MCC	0.8066559	3.94	\$ 8,304	
81102493	894551	5/21/2008	5/22/2008	H	1	313	Chest pain	0.548879	1.73	\$ 5,637	Obs per review
11969060	334429	4/25/2008	4/26/2008	H	1	418	Laparoscopic cholecystectomy w/o c.d.e. w CC	1.7103588	4.50	\$ 17,564	
81023145	791855	4/3/2008	4/6/2008	H	3	689	Kidney & urinary tract infections w MCC	1.0586679	5.04	\$ 10,872	
505414854	478963	5/2/2008	5/3/2008	H	1	312	Syncope & collapse	0.7197152	2.51	\$ 7,391	
11960390	459040	4/7/2008	4/8/2008	H	1	946	Signs & symptoms w/o MCC	0.6542172	2.73	\$ 6,718	
81107450	201740	5/24/2008	5/24/2008	H	1	313	Chest pain	0.548879	1.73	\$ 5,637	
81118994	881540	5/31/2008	5/31/2008	H	1	313	Chest pain	0.548879	1.73	\$ 5,637	
11982204	561454	5/22/2008	5/25/2008	S	3	093	Other disorders of nervous system w/o CC/MCC	0.7709861	2.58	\$ 7,918	
81036311	7/10/3158	4/12/2008	4/12/2008	H	1	069	Transient ischemia	0.7339419	2.50	\$ 7,537	
11962354	395147	4/11/2008	4/12/2008	H	1	563	Fx, sprn, strn & disl except femur, hip, pelvis & li	0.6980512	3.10	\$ 7,169	
11965480	447766	4/18/2008	4/19/2008	H	1	560	Aftercare, musculoskeletal system & connective	0.852149	3.63	\$ 8,761	
81062945	490961	4/28/2008	5/1/2008	S	3	557	Tendinitis, myositis & bursitis w MCC	1.2170994	5.45	\$ 12,499	
81155616	612254	6/22/2008	6/23/2008	H	1	312	Syncope & collapse	0.7197152	2.51	\$ 7,391	No Cermei+CM
81081960	573562	5/9/2008	5/9/2008	H	1	313	Chest pain	0.548879	1.73	\$ 5,637	

**Chandler Regional**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
2415320	724074	5/28/2008	5/29/2008	h	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$	4,133 MD ordered obs
2407447	539578	4/19/2008	4/21/2008	h	2	312	Syncopal & collapse	0.7197152	2.51	\$	4,434
2422374	834590	6/2/2008	6/4/2008	h	2	313	Chest pain	0.548879	1.73	\$	3,381 nl trop; no ische
2415945	762383	5/12/2008	5/14/2008	h	2	192	Chronic obstructive pulmonary disease w/o CC/	0.8144812	3.37	\$	5,017 o@ sat 97\$ r
2416953	942183	5/15/2008	5/18/2008	h	3	192	Chronic obstructive pulmonary disease w/o CC/	0.8144812	3.37	\$	5,017 o2 sat 93% on r
240363	475706	4/9/2008	4/11/2008	HH	2	202	Bronchitis & asthma w CC/MCC	0.7841144	3.61	\$	4,830 no documented
2406352	587405	4/23/2008	4/24/2008	h	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$	7,638 elective lap chol
2406666	922235	4/22/2008	4/23/2008	h	1	713	Transurethral prostatectomy w CC/MCC	0.9850185	2.93	\$	6,068 md wrote order
2416738	917016	5/14/2008	5/16/2008	hh	2	103	Headaches w/o MCC	0.6676879	2.54	\$	4,113
2415336	141917	5/10/2008	5/13/2008	s	3	699	Other kidney & urinary tract diagnoses w CC	1.0352404	3.76	\$	6,377 no systemic infe
2411576	890720	5/1/2008	5/4/2008	h	3	699	Other kidney & urinary tract diagnoses w CC	1.0352404	3.76	\$	6,377 hematuria from
2429059	661421	6/25/2008	6/26/2008	h	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$	4,133 elective turp; po
2402192	633326	4/14/2008	4/16/2008	h	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$	7,638 elective lap hole
2421243	944727	5/28/2008	5/30/2008	h	2	916	Allergic reactions w/o MCC	0.4986441	1.71	\$	3,072 pt with rash pos
2399811	352621	3/31/2008	4/1/2008	hh	1	866	Viral illness w/o MCC	0.7526965	2.84	\$	4,637
2419535	787141	5/22/2008	5/25/2008	h	3	418	Laparoscopic cholecystectomy w/o c.d.e. w CC	1.7103588	4.50	\$	10,536 thru ed; abd pai
417525	500749	5/16/2008	5/18/2008	h	2	191	Chronic obstructive pulmonary disease w CC	0.9405203	4.17	\$	5,794
2399317	896361	4/22/2008	4/23/2008	h	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$	4,133 elective turp; mk
2404918	933857	4/11/2008	4/13/2008	h	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$	7,638 thru ed abd pair
2414641	266056	5/8/2008	5/10/2008	h	2	313	Chest pain	0.548879	1.73	\$	3,381 trop neg; no iscl
2420344	222857	5/24/2008	5/28/2008	s	4	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$	4,030 o criteria; md on
2412948	919332	5/3/2008	5/6/2008	h	3	204	Respiratory signs & symptoms	0.6658072	2.23	\$	4,101
2404086	887728	4/10/2008	4/14/2008	s	4	556	Signs & symptoms of musculoskeletal system &	0.5958301	2.54	\$	3,670 should have bet
2405931	437129	4/15/2008	4/17/2008	h	2	313	Chest pain	0.548879	1.73	\$	3,381 enzymes neg



Community Hospital of San Bernardino

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARG E DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact
48012561	821181	4/16/2008	4/17/2008	H	1	291	Heart failure & shock w MCC	1.2585011	5.11	\$ 11,945
48162671	842829	6/22/2008	6/24/2008	H	2	684	Renal failure w/o CC/MCC	0.9835458	3.10	\$ 9,335
48020994	839186	4/19/2008	4/20/2008	H	1	313	Chest pain	0.548879	1.73	\$ 5,210
48076806	807392	5/14/2008	5/16/2008	HH	2	069	Transient ischemia	0.7339419	2.50	\$ 6,966
47991672	832624	4/7/2008	4/7/2008	H	1	673	Other kidney & urinary tract procedures w MCC	2.5234955	5.97	\$ 23,952
48167506	842952	6/24/2008	6/26/2008	H	2	313	Chest pain	0.548879	1.73	\$ 5,210
48056410	722536	5/13/2008	5/14/2008	H	1	263	Vein ligation & stripping	1.4976738	3.50	\$ 14,215
48081152	484354	5/16/2008	5/17/2008	H	1	149	Dysequilibrium	0.6153527	2.24	\$ 5,841
47985957	774454	4/3/2008	4/5/2008	H	2	392	Esophagitis, gastroent & misc digest disorders w	0.712064	2.83	\$ 6,769
48116552	824884	6/2/2008	6/3/2008	H	1	313	Chest pain	0.548879	1.73	\$ 5,210
48151021	780239	6/17/2008	6/19/2008	H	2	565	Other musculoskeletal sys & connective tissue d	0.9002738	3.96	\$ 8,545
48130496	636926	6/7/2008	6/8/2008	h	1	305	Hypertension w/o MCC	0.5942448	2.31	\$ 5,640
48052914	525142	5/3/2008	5/4/2008	h	1	313	Chest pain	0.548879	1.73	\$ 5,210
48116131	331336	6/2/2008	6/2/2008	h	1	313	Chest pain	0.548879	1.73	\$ 5,210
47976519	777684	3/31/2008	4/2/2008	hh	2	552	Medical back problems w/o MCC	0.7639183	3.40	\$ 7,441
48062996	437884	5/8/2008	5/8/2008	h	1	313	Chest pain	0.548879	1.73	\$ 5,210
48166532	332956	6/24/2008	6/25/2008	h	1	252	Other vascular procedures w MCC	2.7563539	5.64	\$ 26,162
48115943	776085	6/1/2008	6/2/2008	a	1	313	Chest pain	0.548879	1.73	\$ 5,210
48159651	391851	6/20/2008	6/23/2008	h	3	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 11,769
48162606	659775	6/22/2008	6/25/2008	h	3	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$ 6,210
48018246	804809	4/18/2008	4/19/2008	s	1	379	G.I. hemorrhage w/o CC/MCC	0.8475622	2.90	\$ 8,046
48079081	839096	5/23/2008	5/25/2008	h	2	582	Mastectomy for malignancy w CC/MCC	0.9431598	2.13	\$ 8,952
48085716	779097	5/18/2008	5/21/2008	s	3	552	Medical back problems w/o MCC	0.7639183	3.40	\$ 7,441
48058481	681300	5/8/2008	5/8/2008	h	2	313	Chest pain	0.548879	1.73	\$ 5,210
48079164	840862	5/15/2008	5/16/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/IL	2.1386673	2.18	\$ 20,280
48047326	410362	5/1/2008	5/2/2008	h	1	313	Chest pain	0.548879	1.73	\$ 5,210
48131320	750464	6/8/2008	6/10/2008	h	2	663	Renal failure w CC	1.1941689	4.55	\$ 11,334
47978961	833367	4/1/2008	4/1/2008	h	1	916	Allergic reactions w/o MCC	0.4986441	1.71	\$ 4,733
47978762	761879	4/1/2008	4/2/2008	a	1	313	Chest pain	0.548879	1.73	\$ 5,210
48013817	521391	4/18/2008	4/18/2008	h	2	069	Transient ischemia	0.7339419	2.50	\$ 6,966

**Dominican Hospital**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact
11643681	339546	4/10/2008	4/11/2008	h	1	669	Transurethral procedures w CC	1.2079278	3.07	\$ 10,310
36635886	171526	4/12/2008	4/13/2008	h	1	204	Respiratory signs & symptoms	0.6658072	2.23	\$ 5,883
36684223	374048	5/25/2008	5/27/2008	h	2	556	Signs & symptoms of musculoskeletal system &	0.5958301	2.54	\$ 6,086
36674257	426371	5/16/2008	5/17/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,686
36653566	186512	4/28/2008	4/28/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 6,264
36661593	108094	5/5/2008	5/5/2008	h	1	556	Signs & symptoms of musculoskeletal system &	0.5958301	2.54	\$ 6,086
11654868	393618	4/17/2008	4/18/2008	h	1	242	Permanent cardiac pacemaker implant w MCC	3.2586188	6.86	\$ 27,813
36636967	175400	4/13/2008	4/15/2008	h	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 10,583
36626349	244181	4/4/2008	4/6/2008	h	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 10,583
11641958	361225	4/3/2008	4/4/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/lt	2.1366873	2.18	\$ 18,237
11652245	410885	5/8/2008	5/8/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/lt	2.1366873	2.18	\$ 18,237
36655777	2/17/1942	4/29/2008	4/30/2008	hh	1	192	Chronic obstructive pulmonary disease w/o CC/lt	0.8144812	3.37	\$ 6,952
36646040	337690	4/21/2008	4/23/2008	h	2	313	Chest pain	0.548879	1.73	\$ 4,686
11645793	228298	4/15/2008	4/16/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/lt	2.1366873	2.18	\$ 18,237
36668770	69560	5/11/2008	5/12/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,686
11643368	434472	4/2/2008	4/5/2008	h	3	191	Chronic obstructive pulmonary disease w CC	0.9405203	4.17	\$ 8,027
11642220	94471	4/4/2008	4/7/2008	h	3	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 10,583
36649564	67663	4/25/2008	4/26/2008	h	1	639	Diabetes w/o CC/MCC	0.6742471	2.50	\$ 5,766
36650315	217790	4/25/2008	4/26/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 6,264
85224657	342792	5/21/2008	5/22/2008	h	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,727
11646247	339398	4/24/2008	4/25/2008	h	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,727
36677995	309533	5/19/2008	5/20/2008	h	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 6,691



**St. Elizabeth's**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS- DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
6690895		6/29/2008	6/30/2008		1	313	Chest pain	0.548879	1.73	\$ 3,888	
6682967		6/24/2008	6/26/2008		2	440	Disorders of pancreas except malignancy w/o CC	0.8911724	3.20	\$ 6,313	
6678247		8/21/2008	8/22/2008		1	639	Diabetes w/o CC/MCC	0.6742471	2.50	\$ 4,776	
6673495		6/18/2008	6/21/2008		3	292	Heart failure & shock w CC	1.0133765	4.08	\$ 7,179	
6645501		8/21/2008	8/22/2008		1	418	Laparoscopic cholecystectomy w/o c.d.e. w CC	1.7103588	4.50	\$ 12,116	
6636526		6/2/2008	6/3/2008		1	192	Chronic obstructive pulmonary disease w/o CC/MCC	0.8144812	3.37	\$ 5,770	
6620405		5/25/2008	5/26/2008		1	069	Transient ischemia	0.7339419	2.50	\$ 5,199	
6605265		5/21/2008	5/22/2008		1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 4,753	
6580443		5/4/2008	5/7/2008	S	3	547	Connective tissue disorders w/o CC/MCC	0.9053868	3.17	\$ 6,414	
6626592		6/4/2008	6/6/2008		2	417	Laparoscopic cholecystectomy w/o c.d.e. w MCC	2.1361129	6.56	\$ 15,132	
6536585		4/16/2008	4/17/2008		1	413	Cholecystectomy w c.d.e. w/o CC/MCC	1.9411879	5.17	\$ 13,761	
6526099		4/7/2008	4/9/2008		2	182	Respiratory neoplasms w/o CC/MCC	1.1455022	3.26	\$ 8,114	
6565782		4/28/2008	4/30/2008		2	640	Nutritional & misc metabolic disorders w MCC	0.9792966	4.08	\$ 6,937	
6534440		4/10/2008	4/12/2008		2	684	Renal failure w/o CC/MCC	0.9835458	3.10	\$ 6,967	

**St. John's Regional**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact
83572818	223860	6/12/2008	6/13/2008	h	1	251	Perc cardiovasc proc w/o coronary artery stent o	1.747991	2.11	\$ 12,449
83421180	1393356	3/31/2008	4/1/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 5,227
834222428	1182357	3/31/2008	4/2/2008	h	2	313	Chest pain	0.548879	1.73	\$ 3,909
83611996	1056846	6/30/2008	6/30/2008	h	1	191	Chronic obstructive pulmonary disease w CC	0.9405203	4.17	\$ 6,698
834545384	1218324	6/2/2008	6/4/2008	hh	2	263	Vein ligation & stripping	1.4976738	3.50	\$ 10,666
83477869	1135531	4/27/2008	4/29/2008	h	2	313	Chest pain	0.548879	1.73	\$ 3,909
83504423	1239484	5/14/2008	5/16/2008	h	2	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 4,779
83416933	1429984	4/2/2008	4/4/2008	h	2	713	Transurethral prostatectomy w CC/MCC	0.9850185	2.93	\$ 7,016
83485268	1351873	5/7/2008	5/9/2008	h	2	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 4,779
83535211	1165213	5/28/2008	5/31/2008	h	3	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 8,831
83481135	1095515	4/29/2008	5/1/2008	r	2	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 5,583
83473140	237769	5/1/2008	5/2/2008	h	1	262	Cardiac pacemaker revision except device replac	1.1245476	1.86	\$ 8,009
83472837	259568	4/30/2008	5/2/2008	h	2	713	Transurethral prostatectomy w CC/MCC	0.9850185	2.93	\$ 7,016
83485268	1351873	5/7/2008	5/9/2008	h	2	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 4,779
83562132	1365190	6/9/2008	6/11/2008	h	2	243	Permanent cardiac pacemaker implant w CC	2.5483014	3.84	\$ 18,149
83470799	301629	4/24/2008	4/25/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 15,217
83504589	308837	5/14/2008	5/16/2008	h	2	713	Transurethral prostatectomy w CC/MCC	0.9850185	2.93	\$ 7,016
83575373	1191434	6/18/2008	6/19/2008	h	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 4,779
83454645	1434718	4/17/2008	4/19/2008	h	2	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 4,779
83465245	237508	4/20/2008	4/22/2008	hh	2	313	Chest pain	0.548879	1.73	\$ 3,909
83531848	1056939	5/21/2008	5/23/2008	hh	2	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 5,583
83542191	1296220	5/27/2008	5/28/2008	h	1	312	Syncope & collapse	0.7197152	2.51	\$ 5,126
83532200	306211	5/22/2008	5/25/2008	hh	3	312	Syncope & collapse	0.7197152	2.51	\$ 5,126
83434621	218094	4/4/2008	4/5/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 5,227
83449686	298858	4/12/2008	4/14/2008	h	2	920	Complications of treatment w CC	0.9797412	3.25	\$ 6,978
83517607	1436049	5/14/2008	5/17/2008	s	3	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$ 4,659
83584334	296267	6/16/2008	6/19/2008	h	3	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 5,583
83442210	201629	4/8/2008	4/11/2008	s	3	069	Transient ischemia	0.7339419	2.50	\$ 5,227
83563700	243006	6/6/2008	6/7/2008	h	1	103	Headaches w/o MCC	0.6676879	2.54	\$ 4,765
83473835	1056359	4/24/2008	4/25/2008	hh	1	920	Complications of treatment w CC	0.9797412	3.25	\$ 6,978
83475061	1210863	4/25/2008	4/26/2008	h	1	392	Esophagitis, gastroent & misc digest disorders w	0.712064	2.63	\$ 5,071
83468272	1185067	4/22/2008	4/23/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 5,227
83539460	1013367	5/26/2008	5/27/2008	h	1	556	Signs & symptoms of musculoskeletal system &	0.5958301	2.54	\$ 4,243

**St. Joseph's Phoenix**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS- DRG	MS-DRG NAME	RW	GMLOS	\$ Impact
87434106	314222	6/3/2008	6/5/2008	h	2	313	Chest pain	0.548879	1.73	\$ 4,494
87413951	21221	6/2/2008	6/3/2008	h	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 5,494
87329512	1487320	5/12/2008	5/13/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,494
87503330	1479312	6/19/2008	6/20/2008	H	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 10,162
87332847	1487406	5/15/2008	5/16/2008	h	1	251	Perc cardiovasc proc w/o coronary artery stent o	1.747991	2.11	\$ 14,312
87158044	1325805	4/11/2008	4/12/2008	h	1	511	Shoulder,elbow or forearm proc,exc major joint p	1.2511628	3.11	\$ 10,244
87370052	1488405	5/22/2008	5/23/2008	h	1	243	Permanent cardiac pacemaker implant w CC	2.5483014	3.84	\$ 20,864
87380341	1312659	5/22/2008	5/23/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,494
87219440	1128163	4/22/2008	4/23/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 17,494
87092284	1454857	4/1/2008	4/2/2008	h	1	251	Perc cardiovasc proc w/o coronary artery stent o	1.747991	2.11	\$ 14,312
87384665	238754	5/27/2008	5/27/2008	h	1					
87144549	596449	4/7/2008	4/9/2008	h	2	192	Chronic obstructive pulmonary disease w/o CC/A	0.8144812	3.37	\$ 6,669
87460705	1490665	6/8/2008	6/10/2008	h	2	191	Chronic obstructive pulmonary disease w CC	0.9405203	4.17	\$ 7,700
87455432	1490665	6/10/2008	6/11/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 17,494
87375812	1488564	5/29/2008	5/30/2008	h	1					
87149522	1212038	4/9/2008	4/10/2008	h	1	478	Biopsies of musculoskeletal system & connective	1.9836097	4.80	\$ 16,241
87182994	1285944	4/16/2008	4/17/2008	h	1	512	Shoulder,elbow or forearm proc,exc major joint p	0.960157	1.75	\$ 7,861
87196119	1483846	4/21/2008	4/22/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 17,494
87169116	410227	4/11/2008	4/13/2008	h	2	103	Headaches w/o MCC	0.6676879	2.54	\$ 5,467
87336806	1430680	5/14/2008	5/16/2008	h	2	103	Headaches w/o MCC	0.6676879	2.54	\$ 5,467
87558888	309389	6/26/2008	6/29/2008	h	3	312	Syncope & collapse	0.7197152	2.51	\$ 5,893
87228490	625481	4/22/2008	4/23/2008	h	1	864	Fever of unknown origin	0.8239531	3.22	\$ 6,746
87554366	20369	6/25/2008	6/26/2008	h	1	313	Chest pain	0.548879	1.73	\$ 4,494
87497442	1489479	6/15/2008	6/16/2008	h	1	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 7,176
87161071	1437091	4/10/2008	4/12/2008	h	2	312	Syncope & collapse	0.7197152	2.51	\$ 5,893
87371829	8901840	5/20/2008	5/22/2008	h	2	312	Syncope & collapse	0.7197152	2.51	\$ 5,893
87165437	1426670	4/14/2008	4/15/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 17,494
87529079	1199782	6/20/2008	6/22/2008	h	2	313	Chest pain	0.548879	1.73	\$ 4,494

**St. John's Pleasant Valley**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
71555866	262397	6/11/2008	6/11/2008	H	1	204	Respiratory signs & symptoms	0.6658072	2.23	\$ 4,019	CERMe review i
71524193	9069092	5/22/2008	5/23/2008	h	1	479	Biopsies of musculoskeletal system & connectiv	1.6784015	1.88	\$ 10,131	
71522601	9089668	5/15/2008	5/17/2008	h	2	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 5,291	No CERMe adn
71483085	33594	4/12/2008	4/15/2008	s	3	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,732	No IS
71575138	90790	6/27/2008	6/28/2008	h	1	259	Cardiac pacemaker device replacement w/o MC	1.6552593	1.92	\$ 9,992	No notes
71479653	171470	4/10/2008	4/11/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 12,898	No notes
71498554	48376	4/27/2008	4/29/2008	h	2	149	Dysequilibrium	0.6153527	2.24	\$ 3,714	No notes
71464903	193417	3/31/2008	4/3/2008	t	3	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,732	No notes
71529101	199571	5/21/2008	5/21/2008	h	1	313	Chest pain	0.548879	1.73	\$ 3,313	
71498752	33627	4/27/2008	4/30/2008	hos	3	292	Heart failure & shock w CC	1.0133765	4.08	\$ 6,117	No notes
71499685	193907	4/30/2008	5/1/2008	h	1	478	Biopsies of musculoskeletal system & connectiv	1.9836097	4.80	\$ 11,974	No notes
71571152	193907	6/26/2008	6/27/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 12,898	No notes
71489785	222577	4/18/2008	4/19/2008	h	1	259	Cardiac pacemaker device replacement w/o MC	1.6552593	1.92	\$ 9,992	No notes
71541502	257268	5/31/2008	6/3/2008	h	3	069	Transient ischemia	0.7339419	2.50	\$ 4,430	No Notes
71500102	35003	4/30/2008	5/1/2008	H	1	479	Biopsies of musculoskeletal system & connectiv	1.6784015	1.88	\$ 10,131	
71489504	74525	4/18/2008	4/19/2008	h	1	259	Cardiac pacemaker device replacement w/o MC	1.6552593	1.92	\$ 9,992	
71487086	9083683	4/22/2008	4/24/2008	h	2	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 4,050	
71511315	261756	5/5/2008	5/6/2008	h	1	259	Cardiac pacemaker device replacement w/o MC	1.6552593	1.92	\$ 9,992	No notes
71523849	113227	5/15/2008	5/16/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 4,430	No admit; + con
71502231	131683	4/30/2008	5/2/2008	h	2	690	Kidney & urinary tract infections w/o MCC	0.8000251	3.56	\$ 4,829	#NAME?

St. Joseph's Stockton

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS- DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
1012422984	939986	5/9/2008	5/11/2008	home	2	313	Chest pain	0.548879	1.73	\$	4,122 noSI,CMreqObs
1012416473	863812	5/7/2008	5/9/2008	home	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$	9,312 No SI/IS
1012409916	22447	5/5/2008	5/6/2008	home	1	313	Chest pain	0.548879	1.73	\$	4,122 noSI/IS,ck order
1012540306	416447	6/12/2008	6/12/2008	home	1	149	Dysequilibrium	0.6153527	2.24	\$	4,621 No SI/IS
1012487516	165396	6/6/2008	6/6/2008	home	1	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$	9,312 No SI/IS
1012442511	236308	5/15/2008	5/17/2008	hh	2	552	Medical back problems w/o MCC	0.7839183	3.40	\$	5,887 Met SI, not IS
1012411607	404693	5/13/2008	5/14/2008	home	1	670	Transurethral procedures w/o CC/MCC	0.8838299	1.88	\$	6,638 No si/is, ord for t
1012440770	351671	5/15/2008	5/16/2008	home	1	313	Chest pain	0.548879	1.73	\$	4,122 no si/is
1012359632	16836	5/2/2008	5/3/2008	home	1	352	Inguinal & femoral hernia procedures w/o CC/MC	0.8967171	1.92	\$	6,734 no SI/IS
1012536276	941630	6/11/2008	6/15/2008	S	4	312	Syncope & collapse	0.7197152	2.51	\$	5,406 No SI/IS
1012528822	476409	6/14/2008	6/14/2008	home	1	244	Permanent cardiac pacemaker implant w/o CC/M	2.1366873	2.18	\$	16,047 No SI/IS
1012347785	355117	4/29/2008	4/29/2008	home	1	134	Other ear, nose, mouth & throat O.R. procedure	0.9473568	1.66	\$	7,116 No SI/IS
1012468060	940190	6/4/2008	6/4/2008	home	1						No IP order, cod
1012513634	432593	6/10/2008	6/11/2008	home	1	244	Permanent cardiac pacemaker implant w/o CC/M	2.1366873	2.18	\$	16,047 No SI/IS,or IP or
1012517270	876297	6/5/2008	6/6/2008	SNF	1	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$	4,913 Met SI, not IS
1012483374	935429	5/28/2008	5/31/2008	home	3	069	Transient ischemia	0.7339419	2.50	\$	5,512 Met SI, not IS
1012291868	462654	4/7/2008	4/7/2008	home	1	670	Transurethral procedures w/o CC/MCC	0.8838299	1.88	\$	6,638 No SI, met IS
1012316764	816543	4/14/2008	4/15/2008	home	1	670	Transurethral procedures w/o CC/MCC	0.8838299	1.88	\$	6,638 NO SI/IS
1012437024	273068	5/21/2008	5/22/2008	home	1	581	Other skin, subcut tiss & breast proc w/o CC/MC	0.9124379	1.89	\$	6,852 No SI/IS
1012372353	258698	4/26/2008	4/27/2008	home	1	313	Chest pain	0.548879	1.73	\$	4,122 NoSI/IS, OBS or



St. Mary's - SF

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS- DRG	MS-DRG NAME	RW	GMLOS	\$ Impact
42651943	1366028	5/21/2008	5/23/2008	h	2	313	Chest pain	0.548879	1.73	\$ 4,361
42489179	2505934	4/9/2008	4/10/2008	h	1	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$ 5,198
42556670	10377834	4/30/2008	5/2/2008	s	2	947	Signs & symptoms w MCC	0.8766977	3.77	\$ 6,966
42650549	1151542	5/23/2008	5/24/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 16,976
42671636	2587353	6/5/2008	6/5/2008	H	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 6,228
42725804	10327200	6/20/2008	6/21/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 16,976
42517318	10228716	4/21/2008	4/22/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 16,976
42607416	2674287	5/8/2008	5/11/2008	h	3	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 6,228
42611244	2391564	5/10/2008	5/13/2008	s	3	312	Syncope & collapse	0.7197152	2.51	\$ 5,718
42733972	2673968	6/18/2008	6/19/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 16,976
42650168	2371358	5/23/2008	5/25/2008	h	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 9,852
42757005	1036790	6/18/2008	6/19/2008	s	1	313	Chest pain	0.548879	1.73	\$ 4,361
42749721	10381035	6/18/2008	6/19/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 5,831
42615567	2543080	5/11/2008	5/14/2008	s	3	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 6,228
42655381	10146628	5/22/2008	5/23/2008	h	1	641	Nutritional & misc metabolic disorders w/o MCC	0.7248343	3.08	\$ 5,759
42539981	10151183	4/24/2008	4/25/2008	h	1	153	Otitis media & URI w/o MCC	0.6207213	2.76	\$ 4,932
42782185	10213823	6/27/2008	6/28/2008	h	1	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 6,964
42601138	10374525	5/19/2008	5/20/2008	t	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 6,228
42511741	10061027	4/16/2008	4/17/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/A	2.1366873	2.18	\$ 16,976



**St. Rose - De Lima Campus**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS- DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
13946314	109622	3/30/2008	4/1/2008	r	2	194	Simple pneumonia & pleurisy w CC	1.0234516	4.45	\$ 6,360	
13949292	4432	4/4/2008	4/5/2008		1	580	Other skin, subcut tiss & breast proc w CC	1.4256242	3.64	\$ 8,860	Pt registered as
13947585	107754	3/31/2008	4/1/2008	h	1	696	Kidney & urinary tract signs & symptoms w/o MC	0.6276048	2.57	\$ 3,900	
14037899	584725	6/2/2008	6/3/2008	h	1	639	Diabetes w/o CC/MCC	0.6742471	2.50	\$ 4,190	
13394868	427801	5/3/2008	5/3/2008	h	1	313	Chest pain	0.548879	1.73	\$ 3,411	
14007462	93242	5/12/2008	5/13/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 4,561	
14065510	317947	6/23/2008	6/24/2008	r	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,872	
13984695	41271	4/26/2008	4/28/2008	HH	2	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,872	
13956164	278009	4/6/2008	4/9/2008	R	3	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,872	
13974456	609563	4/20/2008	4/21/2008	T	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,872	
13974332	609446	4/19/2008	4/20/2008	H	1	313	Chest pain	0.548879	1.73	\$ 3,411	
13970090	64415	4/15/2008	4/17/2008	h	2	947	Signs & symptoms w MCC	0.8766977	3.77	\$ 5,448	
13963020	62671	4/10/2008	4/12/2008	h	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 7,706	
13955125	16077	4/5/2008	4/6/2008	r	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,872	
14054720	618970	6/14/2008	6/18/2008	s	4	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,872	

St. Mary's - Long Beach

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
20004684385	923673	3/31/2008	4/2/2008	h	2	713	Transurethral prostatectomy w CC/MCC	0.9850185	2.93	\$ 9,024	
20004916951	106906	6/12/2008	6/14/2008	h	2	713	Transurethral prostatectomy w CC/MCC	0.9850185	2.93	\$ 9,024	
2000492696	449270	6/13/2008	6/14/2008	h	1	192	Chronic obstructive pulmonary disease w/o CC/	0.8144812	3.37	\$ 7,462	
20004854509	314536	5/20/2008	5/22/2008	h	2	313	Chest pain	0.548879	1.73	\$ 5,029	
20004737258	136637	4/11/2008	4/12/2008	h	1	244	Permanent cardiac pacemaker implant w/o CC/	2.1366873	2.18	\$ 19,575	
20004906770	817492	6/5/2008	6/6/2008	hh	1	593	Skin ulcers w CC	1.1059693	5.22	\$ 10,132	
20004740855	319134	4/12/2008	4/14/2008	hh	2	812	Red blood cell disorders w/o MCC	0.7780163	2.84	\$ 7,128	
20004916621	796434	6/10/2008	6/11/2008	h	1	103	Headaches w/o MCC	0.6876879	2.54	\$ 6,117	
2000480365	641277	5/1/2008	5/2/2008	h	1	287	Circulatory disorders except AMI, w card cath w/	1.1412176	2.47	\$ 10,455	
20004781074	511771	4/28/2008	4/30/2008	h	2	192	Chronic obstructive pulmonary disease w/o CC/	0.8144812	3.37	\$ 7,462	
20004893303	135877	3/30/2008	4/1/2008	h	2	313	Chest pain	0.548879	1.73	\$ 5,029	
20004901235	344542	6/3/2008	6/5/2008	r	2	069	Transient ischemia	0.7339419	2.50	\$ 6,724	
20004917959	768033	6/10/2008	6/12/2008	r	2	551	Medical back problems w MCC	1.1631987	5.55	\$ 10,657	
20004872741	820282	6/3/2008	6/4/2008	h	1	692	Urinary stones w esw lithotripsy w/o CC/MCC	0.9457451	1.81	\$ 8,664	
200047882718	367763	4/28/2008	4/29/2008	h	1	391	Esophagitis, gastroent & misc digest disorders w	0.9564615	4.06	\$ 9,763	
20004826036	533099	5/9/2008	5/10/2008	h	1	554	Bone diseases & arthropathies w/o MCC	0.6475292	3.01	\$ 5,932	
20004782536	329189	5/1/2008	5/2/2008	h	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 6,147	
20004816854	973015	5/7/2008	5/7/2008	h	1	313	Chest pain	0.548879	1.73	\$ 5,029	No IS
20004810709	903869	5/5/2008	5/6/2008	h	1	639	Diabetes w/o CC/MCC	0.6742471	2.50	\$ 6,177	
20004898845	860143	6/3/2008	6/6/2008	r	3	312	Syncope & collapse	0.7197152	2.51	\$ 6,594	
20004778021	128371	4/26/2008	4/27/2008	h	1	315	Other circulatory system diagnoses w CC	1.1719881	3.50	\$ 10,737	
20004684385	923673	3/31/2008	4/2/2008	h	2	713	Transurethral prostatectomy w CC/MCC	0.9850185	2.93	\$ 9,024	
20004784193	461387	4/29/2008	4/30/2008	a	1	313	Chest pain	0.548879	1.73	\$ 5,029	
20004763437	913572	4/21/2008	4/23/2008	h	2	313	Chest pain	0.548879	1.73	\$ 5,029	
20004725865	890932	4/7/2008	4/8/2008	a	1	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 8,030	
20004721112	470369	4/4/2008	4/5/2008	a	1	192	Chronic obstructive pulmonary disease w/o CC/	0.8144812	3.37	\$ 7,462	
20004925507	682785	6/13/2008	6/13/2008	h	1	440	Disorders of pancreas except malignancy w/o C	0.8911724	3.20	\$ 8,164	
20004938591	377147	6/20/2008	6/21/2008	h	1	512	Shoulder, elbow or forearm proc, exc major joint p	0.960157	1.75	\$ 8,796	
2000492984	744275	6/14/2008	6/15/2008	h	1	395	Other digestive system diagnoses w/o CC/MCC	0.7873619	2.67	\$ 7,213	
20004828149	935706	5/11/2008	5/14/2008	h	3	191	Chronic obstructive pulmonary disease w CC	0.9405203	4.17	\$ 8,617	
20004787279	958246	5/2/2008	5/5/2008	h	3	713	Transurethral prostatectomy w CC/MCC	0.9850185	2.93	\$ 9,024	
20004860696	654622	5/22/2008	5/24/2008	h	2	690	Kidney & urinary tract infections w/o MCC	0.8000251	3.56	\$ 7,329	
20004788053	873907	5/5/2008	5/7/2008	h	2	502	Soft tissue procedures w/o CC/MCC	1.0342407	2.26	\$ 9,475	

**Woodland Healthcare**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS-DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue	Review Complete	Pt rec. HIMN Letter	Pt Rec. Zero Bill letter
1652554		5/18/2008	5/19/2008	home	1	947	Signs & symptoms w MCC	0.8766977	3.77	\$ 6,331	no	yes	no	no
1653160		5/22/2008	5/23/2008	home	1	313	Chest pain	0.548879	1.73	\$ 3,964	no	no		
1651226		5/9/2008	5/10/2008	SNF	2	313	Chest pain	0.548879	1.73	\$ 3,964	no	no	no	no
1652713		5/19/2008	5/21/2008	home	2	194	Simple pneumonia & pleurisy w CC	1.0234516	4.45	\$ 7,391	no	yes	no	no
1651003		5/7/2008	5/9/2008	home	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 8,955	no	yes	no	no
1653743		5/28/2008	5/30/2008	home	2	069	Transient ischemia	0.7339419	2.50	\$ 5,300	no	yes	no	no
1651632		5/11/2008	5/13/2008	home	2	700	Other kidney & urinary tract diagnoses w/o CC	0.8231712	2.73	\$ 5,945	no	yes	no	no
1653744		5/28/2008	5/28/2008	home	2	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$ 4,725				
1651500		5/10/2008	5/12/2008	home	2	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$ 4,725	no	yes	no	no
1651469		5/9/2008	5/12/2008	home	3	948	Signs & symptoms w/o MCC	0.6542172	2.73	\$ 4,725	no	yes	no	no
1650434		5/2/2008	5/4/2008	home	2	690	Kidney & urinary tract infections w/o MCC	0.8000251	3.56	\$ 5,778	no	yes	no	no
1648628		4/18/2008	4/19/2008	home	1	192	Chronic obstructive pulmonary disease w/o CC	0.8144812	3.37	\$ 5,882	no	no	no	no
1647627		4/16/2008	4/17/2008	home	1	583	Mastectomy for malignancy w/o CC/MCC	0.7523405	1.57	\$ 5,433	no	yes	no	no
1646459		4/1/2008	4/2/2008	home	1	069	Transient ischemia	0.7339419	2.50	\$ 5,300	no	no		
1648991		4/21/2008	4/22/2008	home	1	069	Transient ischemia	0.7339419	2.50	\$ 5,300	no	no	no	no
1648657		4/18/2008	4/19/2008	home	1	313	Chest pain	0.548879	1.73	\$ 3,964	no	no	no	no
1647845		4/11/2008	4/13/2008	home	2	419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC	1.2399594	2.47	\$ 8,955	no	no		
1649705		4/27/2008	4/30/2008	SNF	3	202	Bronchitis & asthma w CC/MCC	0.7841144	3.61	\$ 5,683	no	yes	no	no
1654095		6/4/2008	6/7/2008	home	3	313	Chest pain	0.548879	1.73	\$ 3,964	no	yes	no	no
1657409		6/25/2008	6/27/2008	home	2	194	Simple pneumonia & pleurisy w CC	1.0234516	4.45	\$ 7,391	no	yes	no	no
1654260		6/1/2008	6/3/2008	SNF	2	641	Nutritional & misc metabolic disorders w/o MCC	0.7248343	3.08	\$ 5,235	no	yes	no	no

**St. Rose's - Siena Campus**

ACCT NUMBER	Medical Record #	ADMIT DATE	DISCHARGE DATE	D/C STAT	LOS	MS- DRG	MS-DRG NAME	RW	GMLOS	\$ Impact	Criteria Issue
55254718	196111	5/9/2008	5/10/2008	h	1	227	Cardiac defibrillator implant w/o cardiac cath w/o	5.0411401	1.81	\$ 29,963	37.94 implant cr
55190771	333787	4/12/2008	4/13/2008	H	1	139	Salivary gland procedures	0.8469775	1.43	\$ 5,034	cpt 60240; 385x
55254676	612538	5/9/2008	5/10/2008	H	1	245	AICD lead & generator procedures	3.1073416	2.08	\$ 18,469	37.98; 37.79; P
55343909	574432	6/18/2008	6/19/2008	H	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 3,988	CPT 52601
55310627	106271	6/7/2008	6/8/2008	h	1	139	Salivary gland procedures	0.8469775	1.43	\$ 5,034	CPT 42420
55311385	76391	6/4/2008	6/5/2008	h	1	714	Transurethral prostatectomy w/o CC/MCC	0.6710011	1.70	\$ 3,988	CPT 52601
55298343	372203	5/25/2008	5/25/2008	h	1	303	Atherosclerosis w/o MCC	0.6055232	2.06	\$ 3,699	
55295315	615447	5/23/2008	5/25/2008	h	2	103	Headaches w/o MCC	0.6676879	2.54	\$ 3,969	
55186829	542702	4/7/2008	4/10/2008	h	3	203	Bronchitis & asthma w/o CC/MCC	0.6251638	2.88	\$ 3,716	
55160643	606382	3/31/2008	4/2/2008	h	2	558	Tendonitis, myositis & bursitis w/o MCC	0.8479559	3.52	\$ 5,040	
55246284	611937	5/4/2008	5/5/2008	h	1	552	Medical back problems w/o MCC	0.7839183	3.40	\$ 4,669	
55247571	513063	5/5/2008	5/7/2008	h	2	293	Heart failure & shock w/o CC/MCC	0.8764768	3.08	\$ 5,209	
55370928	210363	6/25/2008	6/26/2008	h	1	069	Transient ischemia	0.7339419	2.50	\$ 4,362	
55218796	376886	4/21/2008	4/22/2008	h	1	203	Bronchitis & asthma w/o CC/MCC	0.6251638	2.88	\$ 3,716	
55228902	182798	4/25/2008	4/27/2008	h	2	379	G.I. hemorrhage w/o CC/MCC	0.8475622	2.90	\$ 5,038	
55181523	231480	4/5/2008	4/5/2008	h	1	313	Chest pain	0.548879	1.73	\$ 3,262	